University of Alberta

Polio and Prejudice: Charles Hudson Bynum and the Racial Politics of the National Foundation for Infantile Paralysis, 1938-1954.

by

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Abstract

In 1938, President Franklin D. Roosevelt and his law partner Basil O'Connor formed the National Foundation for Infantile Paralysis (March of Dimes) to battle the viral disease poliomyelitis (polio). Although the Foundation program was purported to be available for all Americans irrespective of "race, creed, or color," officials encountered numerous difficulties upholding this pledge in a nation divided by racial segregation. In 1944, the Foundation hired educator Charles H. Bynum to head a new department of "Negro Activities," becoming the first health philanthropy in the United States to employ an African American to an executive position. Between 1944 and 1954, Bynum negotiated the Foundation bureaucracy to educate officials and influence their national health policy. As part of the Foundation team, he eventually increased interracial fundraising, improved polio treatment for black Americans, and helped to further the civil rights movement.

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The family of Charles H. Bynum was an important source of inspiration and primary sources. Charles' wife, Loyce Willis Bynum, listened intently to my ideas during the planning phase of this thesis and offered her encouragement until her passing in December 2006; she was ninety-four years old. After Loyce's funeral, her niece Dianne H. McDonald contacted me and sent a sizable collection of Charles' professional papers. I am eternally grateful to Dianne for these materials as they served to shed light on Charles' early years, as well as insight into his contributions to the National Foundation for Infantile Paralysis and the African-American polio story.

My gratitude to the librarians and archivists who helped me identify and obtain primary and secondary sources. In particular, David W. Rose at the March of Dimes Archives fulfilled my various requests for print and visual materials. In addition, Jeanette Buckingham at the University of Alberta Library provided important advice concerning the retrieval of resources from within the library and its larger affiliated network.

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Table of Contents

Introduction **1**
The Origins and Leadership of the Polio Crusade *2*
The Scope, Power, and Structure of the National Foundation *4*
Historiography of the American Polio Story *7*
Methods and Approach *9*
Chapter 1: The Early Race Relations of the National Foundation, 1938-1944 .... **13**
Race and the Polio Treatment Program *14*
Race and the Foundation's County Chapters *25*
Race and the March of Dimes *29*
"A Qualified Person" *37*
The First Months of Bynum's Division *41*
Conclusions *44*
Chapter 2: Charles H. Bynum, National Policy, and Foundation Headquarters, 1944-1954 .... **46**
Addressing the Black Polio Treatment Disparity *47*
Marketing Identification and Integration *61*
The Survival Strategies of a Black Director *72*
Conclusions *77*
Chapter 3: Charles H. Bynum, Field Work, and American Society, 1944-1954 .... **79**
Researching and Reporting the Realities *80*
Advancing the Foundation Program in Black Communities *82*
Forging Alliances with the Black Media *89*
Bridging Communities: Race and the Foundation's County Chapters *95*
"Dancing on Eggs": Race and the March of Dimes *97*
Conclusions *112*
Conclusion **114**
Bibliography **116**
Appendix A **131**
Table 1: Admissions to Tuskegee Infantile Paralysis Center, 1941-1948 .... *131*
Table 2: Reported Cases of Polio in the United States, 1938-1954 .... *132*
Table 3: Contributions Raised by the March of Dimes, 1938-1954 .... *133*
Table 4: African-American Poster Children, 1947-1955 .... *134*
Table 5: African-American Scholarship or Fellowship Winners, 1938 – 1954 .... *134*
Table 6: Grants to African-American Institutions, 1938 – 1954 .... *135*
Table 7: Number of NFIP County Chapters, 1938-1954 .... *136*
Table 8: Organization of NFIP Regions, 1946 .... *137*

Abbreviations

Name	Abbreviation
American Cancer Society	ACS
American Medical Association	AMA
Associated Negro Press	ANP
Commission for Inter-racial Cooperation	CIC
Georgia Warm Springs Foundation	GWSF
Journal of the American Medical Association	JAMA
Journal of the National Medical Association	JNMA
National Association for the Advancement of Colored People	NAACP
National Association of Colored Graduate Nurses	NACGN
National Council of Negro Women	NCNW
National Foundation for Infantile Paralysis	NFIP
National Medical Association	NMA
National Negro Business League	NNBL
National Negro Insurance Association	NNIA
National Tuberculosis Association	NTA
Women's Auxiliary of the National Medical Association	WANMA

Introduction

In 1949, three-year-old Emma Pearl Berry fell ill to the paralytic disease polio at her home in Raymond, Mississippi.[1] As an African-American child in the Deep South, Berry was too young to appreciate how the politics of race and legalized segregation might have undermined her access to medical facilities or delayed her treatment. Yet due to a series of extraordinary policies negotiated years earlier, Berry was admitted to the Lutheran Hospital in Vicksburg, Mississippi, where she remained for months under the care of trained medical professionals. Her family was not required to pay for her treatment; instead, a local chapter of a polio philanthropy, the National Foundation for Infantile Paralysis, incurred all expenses for Berry's care. Was Berry's experience unique in mid-twentieth century America? What was the African-American polio story?

Prior to the widespread availability of the Salk polio vaccine in 1954, children, such as Emma Pearl Berry, and their families faced the ever-present threat of polio infection.[2] Polio (or infantile paralysis) was and remains a contagious oral-fecal viral disease. When the virus is ingested, an afflicted individual may evidence flu-like symptoms but recover without any lasting ailment.[3] However, in a small percentage of cases, the infection can continue to spread leading to paralysis of the limbs and in extreme cases the breathing muscles. Not all cases of paralysis are permanent, as proper rehabilitation can reverse some of the neurological damage and muscular atrophy. However, the process of recovery is often long and incomplete requiring polio survivors to adapt to a new life with various degrees of disability.

When polio epidemics first emerged in the northeastern United States in the early twentieth century, polio's etiology was poorly understood and no prophylactics existed.[4] In an effort to curtail the spread of contagion, which usually occurred during the summer months, health officials shut down public recreation facilities, as well as encouraged fly eradication and hygiene campaigns. When epidemics continued unabated, they had no recourse but to enforce quarantines and monitor incidence. Since toddlers and young children proved to be the most susceptible to polio infection, anxious parents attempted to protect them from "the crippler" by restricting access to public places, particularly swimming pools or movie theaters.[5]

Unlike typhoid fever or cholera, which were reduced through improved public health methods, polio incidence actually increased with modern sanitation.[6] There have been a number of theories attempting to explain this correlation. One hypothesis espoused by physician Dr. Benjamin Sandler in 1951 argued that society's increasing consumption of carbohydrates (especially sugar) was detrimental to the immune system, thereby increasing the possibility of viral infection.[7] A second, more generally accepted theory, asserted primarily by scientists, contended that western society's attention to cleanliness denied newborn children exposure to the poliovirus at a time when they temporarily shared their mother's antibodies.[8] Polio ultimately affected all races and classes in American society and once the incidence increased throughout the 1930s and 1940s, pressure for action emerged.

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[1] "1952: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, March of Dimes Archives, White Plains, New York, (henceforth denoted as MDA), p. 78.

[2] Marc Shell, *Polio and Its Aftermath: The Paralysis of Culture* (Cambridge: Harvard University Press, 2005), p. 140.

[3] Frederick C. Robbins, "The History of Polio Vaccine Development," in Stanley A. Plotkin and Walter A. Orenstein, eds., *Vaccines, Fourth Edition* (Philadelphia: Elsevier Inc., 2004); Michael B.A. Oldstone, *Viruses, Plagues, and History* (New York: Oxford University Press, 1998), p. 104.

[4] Naomi Rogers, *Dirt and Disease: Polio Before FDR* (New Brunswick, N.J.: Rutgers University Press, 1992).

[5] David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005), p. 70.

[6] Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), p. 346.

The Origins and Leadership of the Polio Crusade

The American crusade against polio began with Franklin D. Roosevelt, who fell ill with the disease in 1921 while vacationing with his family at Campobello Island, New Brunswick.[9] In an effort to reduce the paralysis in his legs, Roosevelt visited Warm Springs in Georgia to bathe in the warm mineral waters. Once he discovered that the water soothed his limbs, he purchased the derelict facility for $201,677 in April 1926 and reopened it for the care of polio patients.[10] To offset the considerable expense of maintaining the buildings and grounds, Roosevelt and his law partner Basil O'Connor established the Georgia Warm Springs Foundation in July 1927 to solicit monetary contributions from Roosevelt's Democratic Party supporters. Later, when Roosevelt was elected President of the United States in 1932, public relations specialist Carl Byoir suggested that Democrats hold Presidential Birthday Balls in their communities under the slogan "dance so that others may walk."[11] The proceeds raised from these charitable dances kept Warm Springs financially buoyant throughout the Great Depression of the 1930s.[12] However, growing polio treatment expenses, the politicized nature of the Birthday Balls, and controversy surrounding Roosevelt's political career warranted a revaluation of the fundraising strategy.[13] In an effort to increase donor appeal, Roosevelt and O'Connor conceived of a separate, apolitical charitable organization. On January 3, 1938, the National Foundation for Infantile Paralysis (NFIP) was incorporated at

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[7] Benjamin P. Sandler, *Diet Prevents Polio* (Milwaukee: The Lee Foundation for Nutritional Research, 1951).

[8] Thomas M. Daniel and Frederick C. Robbins, eds., *Polio* (Rochester: University of Rochester Press, 1997).

[9] Conrad Black, *Franklin Delano Roosevelt: Champion of Freedom* (New York: Public Affairs, 2003), pp 138-140; Paul Strathern, *A Brief History of Medicine*, p. 364. See also Victor Cohn, *Four Billion Dimes* (Minneapolis: Minneapolis Star and Tribune, 1955), p. 9.

[10] Oshinsky, *Polio: An American Story*, pp. 38-39; Black, *Franklin Delano Roosevelt: Champion of Freedom*, pp. 169-175. For the amount paid for Georgia Warm Springs, see Naomi Rogers, *Dirt and Disease: Polio Before FDR* (New Brunswick, N.J.: Rutgers University Press, 1992), p. 168. See also Susan Mechele Ward, "Rhetorically Constructing a 'Cure': FDR's Dynamic Spectacle of Normalcy," (PhD thesis, Regent University, 2005), p. 64; Jane S. Smith, *Patenting the Sun: Polio and the Salk Vaccine* (New York: William Morrow & Company, Inc., 1990), pp. 57-61.

[11] William H. Helfand, Jan Lazarus, and Paul Theerman, "'...So That Others May Walk': The March of Dimes," *American Journal of Public Health*, 91, 8 (August 2001): 1190; Heather Green Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," (PhD thesis, The University of Texas at Galveston, 2006), p. 67.

[12] Smith, *Patenting the Sun*, p. 70.

[13] Cohn, *Four Billion Dimes*, p. 55; Nancy Tomes, "Celebrity Diseases," in *Medicine's Moving Pictures: Medicine, Health, and Bodies in American Film and Television,* edited by Leslie J. Reagan, Nancy Tomes, Paula A. Treichler (Rochester: University of Rochester Press, 2007), p. 48; Smith, *Patenting the Sun*, p. 73.

O'Connor's law office at 120 Broadway, New York, bringing into being a national polio philanthropy.[14]

As president of the newly minted Foundation, O'Connor proved to be a "results-oriented leader."[15] Born Daniel Basil O'Connor on January 8, 1892, in Taunton, Massachusetts, to working-class parents, he attended Dartmouth College in Hanover, New Hampshire, where he graduated in 1912. Due to his academic achievements, strong work ethic, and connections with well-placed university alumni, he pursued further studies at Harvard Law School.[16] After graduation and admission to the bar, O'Connor relocated to New York City where by 1919 he had established his own corporate law firm on Wall Street. His subsequent law partnership with Roosevelt, which began in 1924, served to solidify his law practice and improve his monetary returns. Throughout the Roaring 20s, O'Connor increased his fortune so that by 1927 he was enjoying life's finery, including "private railroad cars, limousines, a gentleman's farm on Long Island, and a ready table at the most expensive restaurants."[17] During the New Deal-era, he remained devoted to Roosevelt by aiding him with the recruitment of corporate leaders for the Cabinet and advisors for the Brain Trust.[18] When O'Connor undertook the leadership of the NFIP, he did not seek personal financial gain from his position; instead, he remained an unpaid volunteer.[19] As a self-made man with considerable business acumen, he ultimately ran the Foundation like a first-class enterprise and demanded excellence from all levels of the organization.

Although Roosevelt was removed from the everyday operation of the Foundation, he remained its paternal figurehead and enthusiastic supporter.[20] Through O'Connor, he was kept appraised of internal developments and he regularly promoted the NFIP at every opportunity.[21] Roosevelt's elite social status not only increased awareness of polio among the upper echelons of American society but he also helped to lessen the stigma surrounding the disease among all classes.[22] Roosevelt's wife Eleanor also played an important role in furthering the polio crusade. She devoted part of her energies to increasing polio awareness and to promoting the volunteer efforts of women.[23] Eleanor Roosevelt was also deeply committed to improving the economic and health needs of black Americans. She spoke frequently to her husband about civil rights and was able to influence some national policies.[24] Roosevelt and his wife, therefore, made a high-profile, credible team that continually aided the Foundation to achieve its philanthropic agenda.

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[14] Throughout this thesis I will refer to the National Foundation for Infantile Paralysis as the Foundation, the National Foundation, or the NFIP. For more information about the establishment of the NFIP, see Cohn, *Four Billion Dimes*, p. 55; Kathryn Black, *In the Shadow of Polio: A Personal and Social History* (Cambridge; Perseus Publishing, 1996), p. 25.

[15] David W. Rose, *Images of America: March of Dimes*, (Charleston: Arcadia Publishing, 2003), p. 2.

[16] Smith, *Patenting the Sun*, p. 53.

[17] Smith, *Patenting the Sun*, p. 52.

[18] Smith, *Patenting the Sun*, p. 61.

[19] Smith, *Patenting the Sun*, p. 52.

[20] Debbie Bookchin and Jim Schumacher, *The Virus and the Vaccine: The True Story of a Cancer-Causing Monkey Virus, Contaminated Polio Vaccine, and the Millions of Americans Exposed* (New York: St. Martin's Press, 2004), p. 13; "Fetes Today Open Fight On Paralysis," *New York Times*, Jan. 29, 1938, p.10.

[21] For an example of Roosevelt's promotion of the NFIP, see "President Urges Paralysis Gifts," *New York Times*, Nov. 24, 1941, p. 13.

[22] For a brief discussion concerning how Roosevelt helped to reduce the stigma surrounding polio, see Smith, *Patenting the Sun*, p. 52.

[23] "First Lady In Horse Show," *New York Times*, Feb. 2, 1938, p. 16; "First Lady Pleads For Paralysis Aid," *New York Times*, Jan. 13, 1938, p. 22; "Women Hail Gain In Paralysis Fight," *New York Times*, Jan. 7, 1940, p. 3; "Polio Appeal Broadcast," *New York Times*, Jan. 19, 1945, p. 18; Richard Carter, *The Gentle Legions* (New York: Doubleday & Company, Inc., 1961), p. 112.

The Scope, Power, and Structure of the National Foundation

In order to facilitate the management of a fundraising campaign and a treatment program, O'Connor devised a highly stratified corporate structure for the NFIP.[25] This structure was based on the "two organizational models he knew best: the Democratic Party and the Wall Street corporation."[26] Following these models, O'Connor first established a Board of Trustees, which governed the overall policy and direction of the Foundation. Thomas John Watson, president of International Business Machines (IBM), was one of many American corporate leaders who served as a Foundation Board member. Under the purview of O'Connor, the Foundation headquarters in New York City included several departments, such as fundraising, public relations, chapters, radio, education, and medicine.[27] Each department had further divisions; for example the administrator of the chapter department oversaw six regional directors, each of whom supervised several state representatives, who in turn were delegated the task of monitoring the activities of thousands of local county chapters.

The county chapter, staffed by local volunteers, served as the most basic unit of the Foundation. Each chapter committee was responsible for implementing the NFIP program at the local level, although it remained administratively separate from headquarters and largely autonomous.[28] Chapter volunteers disseminated polio information, arranged for the payment of medical expenses associated with acute and convalescent polio care, and assisted NFIP headquarters with spawning the annual fundraising campaign. Most chapters conducted operations through an elected executive committee comprised of ten to twelve officers who were in turn advised by a special medical advisory committee.[29] Executive committee members were drawn primarily from the white professional class and served the chapter for at least one year. The executive chairperson, perhaps one of the most coveted and responsible chapter positions, frequently became a local celebrity due to the affiliation of the position with the polio crusade. In turn, the chapter medical advisory committee, which was comprised of public health officials, nurses, physicians, and physiotherapists, counseled the chapter executive committee on local treatment and medical issues.[30] This decentralized structure provided a cohesive network to foster ongoing positive relations at a grassroots level, as well as contend with the treatment needs of polio patients.

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[24] Theo Lippman, *The Squire of Warm Springs: FDR In Georgia, 1924-1945* (Chicago: Playboy Press, 1978), p. 91.

[25] For more about the corporate structure of the NFIP, see David L. Sills, *The Volunteers: Means and Ends in a National Organization* (Glencoe: The Free Press, 1957), p. 22.

[26] Smith, *Patenting the Sun*, p. 67.

[27] "Organizational Chart, 1949," Organizational Charts, NFIP, 1949-1953, Series 10: Incorporation, Box 10, Medical Program Records, MDA.

[28] Sills, *The Volunteers*, pp. 23-25.

[29] Some larger chapters were known to create additional committees. See Sills, *The Volunteers*, p. 26.

[30] Sills, *The Volunteers*, p. 26.

To raise money for their ambitious medical program, NFIP officers created another administratively distinct organization, known as the March of Dimes. Coined by the famous Hollywood comedian Eddie Cantor, who based the name on the "March of Time" newsreels, the March of Dimes was the fundraising arm of the Foundation.[31] Unlike the local chapter, the March of Dimes organization did not exist all year but was reconstituted in early January and kept active for the duration of the campaign (usually from January 14 to 31).[32] The county March of Dimes organization was comprised of a group of volunteers typically separate from the chapter and managed by the fundraising department at NFIP headquarters. Direct management from headquarters served to offload fundraising responsibilities from the county chapter while assuring a standardized approach to marketing. The leader of the campaign organization was usually nominated by the local NFIP chapter chairperson and officially appointed by the respective state March of Dimes chairperson.[33] Like their chapter counterparts, the responsibilities of campaign leaders were considerable. They managed planning committees, delegated authority to community chairpersons for each urban center within the county, and appointed a number of "deputies" to organize local volunteers, which even in the smallest communities comprised fifty or more members.[34] To assure adequate local promotion, headquarters supplied campaign committees with posters and flyers, as well as a fundraising manual "containing instructions and suggestions."[35] Once the local March of Dimes organization was mobilized by mid-January and media promotion was underway, volunteers set out to gather monetary contributions, which at the end of the campaign were sent to headquarters for accounting.[36] Fifty percent of the proceeds raised in each county were returned to the local chapter to finance the treatment of local polio cases, while the remaining sum was retained by headquarters to fund education programs, medical research, and epidemic preparedness.

The principal challenge for Foundation managers was to amass sufficient funds during the March of Dimes campaign to fulfill their growing treatment and education mandate. Unlike the Ford, Carnegie, or Rockefeller foundations, the NFIP was not allocated grants by a wealthy patron, nor was it founded with a sizeable endowment. In fact, the Foundation began its operation with limited funds and ended most years nearly broke or running a deficit. Part of the reason for the perennial lack of money was due to the rising incidence of polio from 1,705 reported cases in 1938 to 25,698 in 1946. The Foundation not only incurred sizable convalescent medical costs associated with previous epidemics but also contended with costs for the immediate year. To survive from year-to-year, the NFIP had to rely exclusively on the generosity of the American people. However, with many fortunes destroyed during the Great Depression and attention turned towards fighting the Second World War in Europe, it was challenging to obtain funds. Making the situation more difficult was steep competition from over seventy-five other health philanthropies, including the National Tuberculosis Association and the American Cancer Society, who were likewise trying to raise funds for specific diseases.[37]

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[31] Cohn, *Four Billion Dimes*, p. 52; "Dimes are Sought in Paralysis Drive," *New York Times*, Jan. 24, 1938, p. 23; Smith, *Patenting the Sun*, p. 73.

[32] Sills, *The Volunteers*, p. 39.

[33] Sills, *The Volunteers*, p. 28.

[34] Sills, *The Volunteers*, pp. 27, 28.

[35] Sills, *The Volunteers*, p. 28.

[36] Smith, *Patenting the Sun*, p. 65.

Through an innovative organizational structure, an astute marketing strategy, and a committed team of volunteers, the Foundation was able to acquire sufficient funds to fulfill its mandate. In fact, between 1938 and 1945, the March of Dimes raised more than $49 million for the treatment of over 77,000 stricken individuals. There were many reasons why Americans gave generously to the March of Dimes. First, the shared public concern surrounding polio epidemics encouraged people to contribute. Second, since polio treatment was prohibitively expensive and few Americans had medical health coverage, contributing to the March of Dimes became an inexpensive form of polio insurance.[38] The minimum donation of a dime was affordable to almost everyone. Third, the effectiveness of county chapter volunteers in arranging for the payment of polio treatment expenses added to the Foundation's credibility. Fourth, the public's faith in science combined with the Foundation's sponsorship of research asserted hope.[39] In fact, the NFIP became a major patron of medical science, spending upwards of ten times more on polio research than the National Institutes of Health.[40] Finally, the marketing strategies employed by Foundation officials proved to be sophisticated, dramatic, and well publicized. All mainstream media, including radio, newspapers, billboards, and movie theaters promoted polio awareness.[41] A personal dimension was later added with door-to-door canvassing conducted by the Mother's March on Polio.[42] The Foundation's war against "the crippler" was ingeniously fashioned into everyone's cause: a cause shaped by a sense of optimism and patriotism.

The black health movement and civil rights movement had a considerable influence on the NFIP. During the late 1930s through early 1950s, black Americans aided by white liberals challenged societal customs of racial segregation and exclusion through non-violent activism and educational campaigns.[43] Black journalists wrote critiques of the white establishment and drew attention to the persisting inequality and violence perpetrated against African Americans across the nation. Intertwined with the civil rights movement was the black health movement, which was spurred by African-American physicians, dentists, nurses, and sorority women.[44] Concerned about the inadequacy of state public health campaigns and frustrated by medical racism, these black lay workers and professionals worked to improve medical training and the quality of healthcare available to African Americans. In particular, black physicians with the National Medical Association and black nurses with National Association of Colored Graduate Nurses sought alliances with white philanthropies and government to expand the black medical infrastructure and increase training opportunities.[45] At the same time, activists championed the benefits of racial integration in medical and lay organizations, as well as normalized black Americans' identification with mainstream health programs. As a high-profile, national white philanthropy, whose mandate spanned to include the sponsorship of education and treatment programs for a disease that affected all Americans, the NFIP was a prime target for civil rights activists and black medical professionals.

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[37] Smith, *Patenting the Sun*, p. 69.
[38] Sills, *The Volunteers*, p. 170.
[39] Ludwik Fleck, *Genesis and Development of a Scientific Fact*, Translated by Fred Bradley and Thaddeus J. Trenn (Chicago: The University of Chicago Press, 1979); Bruno Latour and Steve Woolgar, *Laboratory Life: The Construction of Scientific Facts* (Princeton: Princeton University Press, 1986); Marcel C. LaFollette, *Making Science Our Own: Public Images of Science, 1910-1955* (Chicago: University of Chicago Press, 1990).
[40] Smith, *Patenting the Sun*, p. 64.
[41] Marc Shell, *Polio and Its Aftermath: The Paralysis of Culture* (Cambridge: Harvard University Press, 2005), p. 140; Smith, *Patenting the Sun*, p. 85; "Infantile Paralysis," *New York Times*, Jan 20, 1943, p.18.
[42] Heather Green Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," p. 123.
[43] For more about the role of white liberals, see Tony Badger, and Brian Ward, eds., *The Making of Martin Luther King and the Civil Rights Movement* (New York: New York University Press, 1996).
[44] For a discussion about the role of sorority women, see Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

Historiography of the American Polio Story

Although the NFIP had a pioneering role in American society and medicine, no monograph by a medical historian has yet been written that comprehensively analyzes its early development, internal operation, and relations with racialized groups.[46] Instead, the majority of works that reflect on the role of the Foundation have tended to focus on the experiences of white Americans, the medical research story of Dr. Jonas Salk, and the polio vaccine field trial of 1954.[47] For instance, medical writer Jane S. Smith's book, *Patenting the Sun: Polio and the Salk Vaccine,* primarily analyzed the Foundation in relation to its sponsorship of medical research.[48] In turn, historian David M. Oshinsky's monograph, *Polio: An American Story*, provided a favorable account of the Foundation's efforts to raise funds, meet the polio treatment needs of white Americans, and eventually fund the discovery of the Salk polio vaccine.[49] Although Oshinsky provided some brief analysis of black Americans, the majority of his work centered on the Foundation in relation to white America.

Most works analyzing polio among non-white racialized groups are either unpublished or have recently emerged as scholarly articles. The earliest known work was an unpublished commissioned history undertaken on behalf of the Foundation in 1956. Among the contributing writers, Christopher Lasch and Jeanne L. Brand, wrote sections exploring the Foundation's efforts to improve the quality of polio care for black Americans. Although both writers identified how racial segregation in American society complicated the delivery of care, there was little analysis of the racial politics that influenced the decisions of Foundation officials. In turn, the Foundation's early race relations in the March of Dimes were addressed only in passing. Chapter XI of Volume I provided this curt explanation:

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[45] Vanessa Northington Gamble, *Making A Place for Ourselves: The Black Hospital Movement* (New York: Oxford University Press, 1995).
[46] Daniel J. Wilson, *Living With Polio: The Epidemic and Its Survivors* (Chicago: The University of Chicago Press, 1990).
[47] Dorothy Sterling, *Polio Pioneers: The Story of the Fight Against Polio* (Garden City: Doubleday, 1955); John Rowland, *The Polio Man: The Story of Dr. Jonas Salk* (New York: Roy Publishers, Inc., 1960); John Rowan Wilson, *Margin of Safety: The Story of Poliomyelitis Vaccine* (London: Collins Clear-Type Press, 1963); John R. Paul, *A History of Poliomyelitis* (New Haven: Yale University Press, 1971); Victor Cohn, *Sister Kenny: The Woman Who Challenged the Doctors* (Minneapolis: The University of Minnesota Press, 1975); Allan M. Brandt, "Polio, Politics, Publicity, and Duplicity: Ethical Aspects in the Development of the Salk Vaccine," *International Journal of Health Services.* 8, 2 (1978): 257-70; Smith, *Patenting the Sun*; Harry M. Marks, *The Progress of Experiment: Science and Therapeutic Reform in the United States, 1900-1990* (Cambridge: Cambridge University Press, 1997); Nina G. Seavey and Jane S. Smith, Paul Wagner, *A Paralyzing Fear: The Triumph Over Polio in America* (New York: TV Books, 1998); Edward Hooper, *The River: A Journey to the Source of HIV and AIDS* (Boston: Little, Brown and Co., 1999); Roger Vaughan, *Listen to the Music: The Life of Hilary Koprowski* (New York: Springer-Verlag, 2000); Jeffrey Kluger, *Splendid Solution: Jonas Salk and the Conquest of Polio* (New York: G.P. Putnam's Sons, 2004); Paul A. Offit, *The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis* (New Haven: Yale University Press, 2005); Oshinsky, *Polio: An American Story.*
[48] Smith, *Patenting the Sun.*
[49] Oshinsky, *Polio: An American Story.*

> The Foundation had from an early date concerned itself with the problem of reaching the Negro. At one time there was even talk of Negro chapters, and other schemes for increasing Negro participation were also discussed, but no important steps were taken in this direction for a number of years.[50]

According to Lasch, noteworthy progress at improving fundraising in black communities did not appear until the employment of black health educator Charles H. Bynum in November 1944. The commissioned writers also viewed the NFIP sponsorship of the Tuskegee Infantile Paralysis Center in Alabama within a narrow, optimistic framework as a race relations success and one of the NFIP's major philanthropic achievements.[51]

Another study, entitled "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis," which was partially funded by the Foundation in 1987 and written by Tuskegee University employees Edith P. Chappell and Dr. John F. Hume, explored the establishment of the Tuskegee Infantile Paralysis Center and its role in provision of care to black polio patients.[52] Although Chappell and Hume provided a useful and detailed account, their narrative approach did not provide sufficient context or sufficiently evaluate the effectiveness of the facility in meeting the needs of black polio patients.

The first scholarly articles devoted to race and polio emerged in 1999 with Gwenn M. Jensen's article "System Failure" and its discussion to polio among Japanese Americans in Second World War U.S. War Relocation Camps.[53] Jensen's primary interest was on the larger health consequences of internment, although she was able to briefly reveal the grim reality for Japanese-American polio patients in camps. This was followed almost a decade later with Naomi Rogers' 2007 article, "Race and the Politics of Polio," which builds on decades of scholarship on race and medical history.[54] In her article, Rogers revealed the complex politics of race at the Foundation and the steps that were taken by officials to address the health needs of minorities. She argued that the convergence of civil rights activism, philanthropic altruism, and politics made African American polio patients visible to the Foundation.[55] Due to these efforts, the myth purporting polio as a white affliction was reduced, leading the Foundation to establish the Tuskegee Infantile Paralysis Center. The central role of African-American health educator Charles H. Bynum was, for the first time, made evident. Similarly, medical scholar Gregg Mitman in his forthcoming article "The Color of Money" complemented Rogers' approach but with a different focus.[56] He reviewed the public relations and marketing contributions achieved by Bynum and the resulting pecuniary benefits derived by the Foundation. Scholarship on race and polio has therefore moved towards analyzing the active participation of black Americans and their importance to the success of the Foundation in American society.

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[50] "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA.

[51] Jeanne L. Brand, "Chapter II: The Response to Developing Problems of Medical Care, 1940-1946," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 88-90.

[52] Edith P. Chappell and John F. Hume, "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis, 1941-1975," Series 4: Historical Studies, Box 4, History of the NFIP, MDA.

[53] Gwenn M. Jensen, "System Failure: Health-Care Deficiencies in the World War II Japanese American Detention Centers," *Bulletin of the History of Medicine*, 73, 4 (1999): 602-628.

[54] Naomi Rogers, "Race and the Politics of Polio: Warm Springs, Tuskegee, and the March of Dimes," *American Journal of Public Health*, 97, 4 (May 2007): 784-795. For scholarship devoted to the history of race and medicine, see Todd Savitt, *Medicine and Slavery: The Disease and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978); Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987); Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and*

Methods and Approach

This thesis builds on the historiographic trajectory exemplified by Rogers and Mitman but covers a longer period, a wider range of activities, and a fresh interpretation of the history of racial politics and polio. My study focuses primarily on the history of Charles H. Bynum and the Foundation. In Chapter 1, I explore the Foundation's race relations prior to Bynum's arrival. I move beyond the Tuskegee Institute and Warm Springs stories to uncover the larger polio treatment problems and solutions, as well as fundraising activities of African Americans at the grassroots level. This enables the exploration of the black professional class in its efforts to draw Foundation officials' attention to the health needs of African Americans. In addition, this study also demonstrates that black Americans were not simply victims of polio but active participants in the crusade both before and during the establishment of the Foundation. This early history is important, since it reveals a dimension of how "race" worked at the Foundation and how pressure to reorient policy was handled. Finally, I conclude the

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Professionalization (Urbana: University of Illinois Press, 1987); Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989); David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989); Naomi Rogers, *Dirt and Disease*. Vanessa Northington Gamble, *Making A Place for Ourselves*; Susan L. Smith, *Sick and Tired of Being Sick and Tired*; Spencie Love, *One Blood: The Death and Resurrection of Charles R. Drew* (Chapel Hill: The University of North Carolina Press, 1996); Vanessa Northington Gamble, "Black Autonomy versus White Control: Black Hospitals and the Dilemmas of White Philanthropy, 1920-1940." *Minerva.* 35 (1997): 247-267; Susan M. Reverby, ed., *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: University of North Carolina Press, 2000); Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: University of North Carolina Press, 2001); Sharla M Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002); Susan L Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950* (Urbana: University of Illinois Press, 2005); Todd L. Savitt, *Race & Medicine in the Nineteenth and Early Twentieth-Century America* (Kent: Kent State University, 2007).

[55] Rogers, "Race and the Politics of Polio," p. 785.

[56] Gregg Mitman, "The Color of Money: Campaigning for Health in Black and White America" in *Imagining Illness: Public Health and Visual Culture*, edited by David Serlin (Minneapolis: University of Minnesota Press, forthcoming 2009).

chapter with a brief biography of Bynum and his initial experiences at the Foundation in which he attempted to carve out a niche and rationalize his role as a director.

In Chapter 2, I analyze Bynum's efforts to shape the Foundation's health policy and his strategies to increase the participation of black Americans in the March of Dimes. I investigate Bynum's strategies to draw attention to health disparities, the methods he used to gain credibility, and the results of his efforts. By utilizing the approach initiated by scholars such as Vanessa Northington Gamble, this study will demonstrate how racial segregation laws and prejudice complicated the Foundation program and undermined attempts to provide equal care to all Americans.[57] This chapter will also add a new level of understanding regarding the provision of care along racialized lines. Unlike many medical facilities in segregated America, acute polio wards were typically racially integrated, since the expensive equipment, extensive professional care, and full funding provided by the Foundation destabilized traditional practices. In discussing Bynum's public relations skills, I not only evaluate the print materials he helped to develop, but also draw on the disciplines of art history and film studies to analyze the black polio posters and special movie trailers.

In the final section, Chapter 3, I trace the field activities undertaken by Bynum and the Foundation team to foster interracial cooperation within chapter and campaign organizations. Building on the approach of Susan L. Smith and Tera W. Hunter, I explore what black Americans did for themselves and also how Bynum, with the assistance of Foundation officials, helped to expand these efforts.[58] By focusing on Bynum and his health activism, my research not only speaks to the history of the Foundation but also analyzes the agency and contributions of black Americans as physicians, benefactors, and activists. Finally, I investigate how Bynum nurtured relations with the black media to gain journalists' and editors' support of the Foundation program and his methods to increase awareness of the March of Dimes among black schools, colleges, women's groups, and national professional associations.

Since discussions of race and disease comprise a considerable portion of this thesis, it is important to define these terms. Based on anthropological findings and recent biomedical research, it is now generally accepted that "race" is not a biological reality but a social construct.[59] As a product of society, conceptions of race have not been static but have shifted in meaning depending on the time, group, and location.[60] However, to many Americans in the mid-twentieth century, race was often deemed a useful biological category, which ultimately served to legitimize policies of exclusion, segregation, and medical racism.[61] In turn, polio, as a disease, was both socially constructed as well as a real medical condition requiring treatment.[62] The social construction of polio is a subject that has been analyzed by scholars, including Marc Shell, himself a polio survivor, who traced the differing conceptions of the disease and patient experiences.[63] Like notions of race, polio has held differing meanings depending on a range of external factors. At mid-twentieth century United States, polio was seldom deemed a disease of the poor or of immigrants as it had been in earlier times.[64] Instead, it was typically considered a disease of middle-class Caucasians, a group that worked tirelessly to rationalize and normalize this supposed affliction of "privilege." The emerging discipline of whiteness studies has therefore influenced this work, since the "privilege" of whiteness initially eclipsed the needs of non-white communities.[65] The range of stigmas and moralizing societal discourses that shaped perceptions of polio at the turn of the twentieth century slowly diminished so that by the 1920s polio was refashioned into "everyone's disease."[66] Even though this study does not explicitly analyze the perspective of those who were disabled by polio, it does speak to the history of disability through its discussion of acute treatment and convalescent care.[67] I define "acute" care as medical treatments provided to patients experiencing symptoms ascribed to an active polio infection. In turn, I define "convalescent" care as the long-term rehabilitation process (physiotherapy) undertaken by patients after the acute phase. Admittedly, the distinction between the two is not always clear and may overlap slightly. Although this study primarily explores the role of middle- and upper-class men in advancing the polio crusade, I also remain sensitive to both gender and class analysis, since the polio crusade could not have been successful without the untiring dedication of women and men of all classes.

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[57] Vanessa Northington Gamble, "Black Autonomy versus White Control: Black Hospitals and the Dilemmas of White Philanthropy, 1920-1940," *Minerva* 35 (1997): 247-267; Gamble, *Making A Place for Ourselves*.

[58] Smith, *Sick and Tired of Being Sick and Tired*; Tera W. Hunter, *To 'Joy My Freedom: Southern Black Women's Lives And Labors After The Civil War* (Cambridge: Harvard University Press, 1997).

[59] See Sandra Soo-Jin Lee, Joanna Mountain, and Barbara A. Koenig, "The Meanings of 'Race' in the New Genomics: Implications for Health Disparities Research," *Yale Journal of Health Policy, Law, and Ethics*, 1, (2001): 33-76.

[60] See Barbara Fields, "Ideology of Race in American History" in *Region, Race, and Reconstruction*, Edited by J. Morgan Kousser and James M. McPherson (New York: Oxford University Press, 1982).

[61] There is a long history of applying "race" as a biological category in the history of disease. See Wailoo, *Dying in the City of the Blues*; Keith Wailoo and Stephen Pemberton, *The Troubled Dream of Genetic Medicine: Ethnicity and Innovation in Tay-Sachs, Cystic Fibrosis, and Sickle Cell Disease* (Baltimore:

This thesis draws heavily from archival materials obtained at the March of Dimes Archives in White Plains, New York. Although my evidence is based on sources dating between 1938 and 1954, I have also consulted records outside of the timeframe of my study, particularly from 1955 and 1956 in order to compensate for materials that were not available from the Archives.[68] I have utilized such sources carefully as I do not want my analysis of the period from 1938 to 1954 to be unduly influenced by later historical developments. The evidence gathered for this thesis privileges the perspective of March

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Johns Hopkins University Press, 2006). For a primary source purporting the supposed usefulness of "race," see Henry W. Ruoff, ed., *The Circle of Knowledge: Essential Facts of Everyday Interest*, (Boston: Standard Publication Company, 1916).

[62] For more about the social construction of disease, see Charles E. Rosenberg and Janet Golden, eds., *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers University Press, 1992); Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992).

[63] Shell, *Polio and Its Aftermath.*

[64] For a discussion of early American polio epidemics, see Rogers, *Dirt and Disease*. For conceptions of polio at later times, see Smith, *Patenting the Sun.*

[65] Peter Kolchin, "Whiteness Studies: The New History of Race in America," *The Journal of American History*, 89, 1 (2002): 154-73.

[66] Naomi Rogers, "Race and the Politics of Polio," p. 786; Oshinsky, *Polio: An American Story*, p. 69.

[67] Fred Davis, *Passage Through Crisis: Polio Victims and their Families* (New York: The Bobbs-Merrill Company, Inc, 1963); D. Johnstone, *An introduction to Disability Studies* (London: David Fulton Publishers, 1998); P. K. Longmore, L. Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001).

[68] The March of Dimes archivist David W. Rose explained to me that since the March of Dimes has moved locations over the years, some documents have unfortunately gone missing.

of Dimes employees and, in particular, the viewpoint of Charles H. Bynum.[69] Other sources, such as minutes from the meetings of black women's groups, might show us a different view of Bynum, as well as the importance of such associations to the polio crusade. In an attempt to balance my sources, I have consulted historic newspapers, journals, and private papers. In particular, I have turned to African-American sources, such as the *Journal of the National Medical Association* and the *Baltimore Afro-American*. Professional papers provided by the Bynum family have also helped to fill gaps in archival evidence. Since most of the materials centering on race at the March of Dimes Archives tended to focus on black Americans, I have only been able to address a small portion of the experiences among other racialized groups, including Japanese Americans, Native Americans, and Latinos. Oral histories transcribed from the interviews conducted in the late 1980s of retired Foundation officials have also been consulted. I appreciate the many challenges in working with oral history sources and have attempted to interpret and incorporate them with caution.[70] I am aware that precise dates are rarely possible to obtain from these accounts and with the passage of time the recollections of some interviewees may not always be complete or accurate. Balancing the value of such interviews with their interpretive complexity remains one of the social historian's most difficult tasks.

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[69] Other sources, particularly those from chapter records and private papers of senior Foundation officials, would perhaps reveal the perspectives of white Americans towards Bynum.

[70] For a great discussion of the process of writing and researching oral history, see C. Lesley Biggs with Stella Stephanson, "In Search of Gudrun Goodman: Reflections on Gender, 'Doing History' and Memory," *Canadian Historical Review*, 87, 2 (June 2006): 293-316. For methods, see Keith Jenkins, *Re-thinking History* (New York: Routledge, 2003); Ludmilla Jordanova, *History in Practice* (London: Arnold Publishers, 2000), pp. 49, 52, 53. For a great example of the problems of working in the history of memory, see Spencie Love, *One Blood: The Death and Resurrection of Charles R. Drew* (Chapel Hill: The University of North Carolina Press, 1996).

Chapter 1:

The Early Race Relations of the National Foundation, 1938-1944

> The past is a foreign country: they do things differently there.
>
> – Leslie Poles Hartley

From its inception in 1938, the purpose of the National Foundation for Infantile Paralysis (NFIP) was to raise funds for a coordinated response against polio. Yet within the context of the Great Depression and the Second World War, NFIP officials faced difficulties reaching all Americans with their comprehensive medical treatment program. The program addressed the needs of white polio patients and their families, but responding to the needs of African Americans tested the Foundation's provision of polio care irrespective of "race, creed, or color."[71] Although NFIP officials were compelled to uphold their pledge of unbiased treatment, they were initially uncertain how to achieve such a feat in a racially segregated nation. The growing momentum of the black civil rights movement and black health movement coalesced during the mid-twentieth century, leading black activists, journalists, and physicians to assist the Foundation in addressing the health needs of African Americans and accommodate their participation in the annual March of Dimes fundraising campaign.[72] Although few improvements in the Foundation's acute polio treatment program were realized for black Americans in the South, racially integrated wards became a reality throughout the North, West, and Midwest and a measure of convalescent care was extended through the establishment of the all-black Tuskegee Infantile Paralysis Center. However, proposals to advance the role of black Americans in the March of Dimes and chapter system became the victims of white volunteer resistance, as well as Foundation officials' assumptions, inexperience, and overall fear of alienating white volunteers. Consequently, regional variation and segregation were sustained in both polio treatment and fundraising. Due to financial demands, an upswing in civil rights activity, and the potential of a divisive fundraising campaign, Foundation authorities took a revolutionary step in becoming the first health philanthropy to hire an African American to an executive position. As head of the new department of "Negro Activities," health educator Charles H. Bynum devised strategies to advance polio treatment for black Americans and facilitate interracial cooperation in the March of Dimes. This chapter explores how Foundation personnel between January 1938 and December 1944 contended with internal and external pressures to realize their important program given the persistence of legalized segregation in the south and de facto segregation in the north.

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[71] "1952: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, March of Dimes Archives, White Plains, New York (henceforth denoted as MDA), pp. 78-79.

[72] For more about the growing momentum of the black health movement and civil rights, see Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995); Vanessa Northington Gamble, *Making A Place for Ourselves: The Black Hospital Movement* (New York: Oxford University Press, 1995).

Race and the Polio Treatment Program

Although the NFIP treatment program was purported to "be without prejudice against race," the policy was affected by a range of societal perceptions, economic realities, and segregated medical facilities.[73] One of the first problems facing the Foundation program was the widespread myth alleging that African Americans were less vulnerable to polio than white Americans.[74] There were many reasons for the persistence of this assumption, including the lack of reporting among black families, who due to either isolation or an absence of medical treatment opted for home care.[75] Misdiagnosis of polio also occurred, since few black or white physicians were sufficiently trained to recognize the varied symptoms.[76] The regionalized nature of early epidemics, predominantly in the north, combined with settlement patterns of African Americans in the south fueled misconceptions. In particular, few polio epidemics affected the southern states during the 1920s and 1930s. Since the south was a region where most black Americans lived, the dearth of polio epidemics produced evidence of fewer African-American cases and thereby less awareness of their susceptibility.[77] Compounding misdiagnosis and a lack of reporting were flawed incidence reports. White physician Dr. Thomas M. Rivers of the Rockefeller Institute for Medical Research once acknowledged that many early polio incidence studies were incomplete, since there had been "a tendency in the past not to seek out colored cases, as well as white."[78] When studies that asked questions of "race" were eventually conducted, the results clearly showed that African Americans were indeed susceptible.[79] For instance, a 1930s assessment undertaken by Dr. John W. Chenault, an African-American physician at the Tuskegee Institute in Alabama, confirmed that:

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[73] David L. Sills, *The Volunteers: Means and Ends in a National Organization* (Glencoe: The Free Press, 1957), p. 48.

[74] Similar myths linking specific disease tendencies with specific races have been a subject of considerable scholarly attention. For polio, see Naomi Rogers, "Race and the Politics of Polio: Warm Springs, Tuskegee, and the March of Dimes," *American Journal of Public Health*, 97, 4 (May 2007), p. 786. For sickle cell anemia, see Keith Wailoo, *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (Chapel Hill: University of North Carolina Press, 2001). For yellow fever, see Todd L. Savitt and James Harvey Young, eds., *Disease and Distinctiveness in the American South* (Knoxville: The University of Tennessee Press, 1988); Margaret Humphreys, *Yellow Fever and the South* (New Brunswick: Rutgers University Press, 1992). For syphilis, see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1993); Susan M. Reverby, eds., *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: University of North Carolina Press, 2000).

[75] For a retrospective analysis of underreporting and home care, see Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, March of Dimes Archives, White Plains, New York (henceforth denoted as MDA), p. 6.

[76] For a discussion of the inability of black physicians to diagnose polio, see Edith P. Chappell and John F. Hume, "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis, 1941-1975," Series 4: Historical Studies, Box 4, History of the NFIP, MDA, p. 31.

[77] Edith P. Chappell and John F. Hume, "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis, 1941-1975," Series 4: Historical Studies, Box 4, History of the NFIP, MDA, pp. 30-31.

[78] Dr. Thomas Francis to Dr. Harry M. Weaver, Letter, December 10, 1946, Series 14: Poliomyelitis, "Racial susceptibility to poliomyelitis, 1946-1947," Box 15, Medical Program Records, MDA.

[79] For a discussion of race as a complex, evolving social category, see Barbara Fields, "Ideology of Race in American History" in *Region, Race, and Reconstruction*, Edited by J. Morgan Kousser and James M. McPherson (New York: Oxford University Press, 1982).

> Although the racial incidence is somewhat lower, this disease is still one of the major causes of crippling, causing approximately 20 percent or one-fifth of crippling seen. Of interest has been the observation that the case fatalities have been relatively higher among Negroes. I firmly believe that this has been due to the notoriously poor treatment facilities available for Negroes and as much as I hate to admit it, the failure of so many of our men to recognize the disease.[80]

Later scientific studies further revealed that polio incidence among black Americans was in fact nearly equivalent on a per capita basis. For instance, data gathered by Rivers after the 1939 Charleston, North Carolina, epidemic demonstrated that polio rates among African Americans were 147 per 100,000 versus 114 per 100,000 among Caucasians. Similar studies at Fort Worth, Texas, and Atlanta, Georgia, further reinforced the per capita parity.[81] Foundation medical officials appear to have remained uninformed of these early polio incidence studies.[82] Perhaps the reason for this lack of awareness may have been due to a dearth of articles in the *Journal of the American Medical Association* (*JAMA*) or white press discussing African American polio cases, as well as to NFIP officials' contact with predominantly Caucasian medical facilities. Therefore, during the 1930s and early 1940s polio among African Americans was "kept invisible" from most white physicians and mainstream society.[83]

Despite the widespread belief that polio was primarily a Caucasian ailment, the NFIP treatment program offered a notable measure of acute care for black Americans, although access differed according to region. Foundation chapters provided full payment of hospitalization in each confirmed case of polio. In the north, the program led to a divergence from the conventional practice of racially segregated hospitalization.[84] In fact, evidence suggests that from 1938 onward most northern, western, and midwestern hospitals admitted and treated both black and white polio patients in racially integrated wards.[85] Even in segregated cities, such as Baltimore, Maryland, the local black newspaper *Afro-American* reported that there was "No Color Line in Baltimore Polio Hospital."[86] Reasons for this phenomenon were related to the considerable expense of epidemic care, requiring ongoing medical attention, special equipment, such as hot pack machines and respirators (iron lungs), as well as isolation wards. It was clear to hospital administrators and physicians that maintaining separate polio wards for different racialized groups would be fiscally prohibitive.[87] In addition, since expenses related to polio care were covered by NFIP chapters, hospital administrators knew that their facilities would be reimbursed regardless of whether or not the admitted patient could afford the expense.[88] Ward integration not only lowered operating expenses but also facilitated heightened monitoring, which was necessary for most polio patients. Therefore, due to a combination of economic imperatives, medical pragmatism, and the prevalence of polio epidemics in northern locales, racially integrated wards were an early reality in the North, West, and Midwest.[89]

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[80] Edith P. Chappell and John F. Hume, "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis, 1941-1975," Series 4: Historical Studies, Box 4, History of the NFIP, MDA, p. 31.

[81] For a discussion of studies related to race, see Dr. Thomas Francis to Dr. Harry M. Weaver, Letter, December 10, 1946, Series 14: Poliomyelitis, "Racial susceptibility to poliomyelitis, 1946-1947," Box 15, Medical Program Records, MDA.

[82] The first memorandum discussing racial susceptibility appeared in December 1946. See Dr. Harry M. Weaver to Dr. Thomas Francis, Letter, December 6, 1946, Series 14: Poliomyelitis, "Racial susceptibility to poliomyelitis, 1946-1947," Box 15, Medical Program Records, MDA.

[83] Rogers, "Race and the Politics of Polio," p. 793.

[84] For a discussion of segregated hospitals, see David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989); Gamble, *Making A Place for Ourselves*.

[85] For evidence of integrated hospitalization during the acute phase of polio, see "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 5; Oshinsky, *Polio: An American Story*, pp. 69-72; David W. Rose, *Images of America: March of Dimes* (Charleston: Arcadia Publishing, 2003), p. 24-25; Shell, *Polio and Its Aftermath*, p. 202. For a brief discussion of integrated wards in Brooklyn, New York, see "Campaign Beneficiaries," *Baltimore Afro-American*, February 3, 1942, p. 17. For evidence of the nature of healthcare for rural African-Americans, see Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-*

Although southern NFIP chapters reportedly funded all cases of polio irrespective of race, their support was rarely called for during the 1930s due to the infrequency of polio epidemics.[90] When major polio outbreaks began to affect the South by the 1940s, the level of white hospital and state cooperation with Foundation headquarters and chapters in addressing the needs of black patients varied considerably. For instance, North Carolina public health officials allowed NFIP headquarters personnel to set up and racially integrate wards of their improvised polio hospital during the 1944 Hickory epidemic.[91] However, according to later observers, such practices would not have been tolerated in other southern states, such as South Carolina, Georgia, or Mississippi.[92] It would ultimately take education and economic incentives to motivate widespread integration of polio wards in the south by the late 1940s and early 1950s. Until then, acute polio hospitalization followed the local customs, segregation laws, and access to all-black medical facilities. As medical writer Edith Chappell noted: "[black polio] patients who came many miles had to wait in the 'colored' waiting room until the last white patient was seen – sometimes many hours later."[93] Equipping black hospitals for the care of African-American polio patients was known to be undertaken by some county

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Century South (Knoxville: University of Tennessee Press, 1987); Smith, *Sick and Tired of Being Sick and Tired.*

[86] "No Color Line in Baltimore Polio Hospital," *Baltimore Afro-American*, January 26, 1946, p. 28.

[87] Heather Green Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," (PhD thesis, The University of Texas at Galveston, 2006), p. 143.

[88] Sills, *The Volunteers*, p. 45; Cohn, *Four Billion Dimes*, p. 60.

[89] It is interesting to note that this occurred well before Medicare and Medicaid forced hospitals to integrate in the 1960s. See P. Preston Reynolds, "The Federal Government's Use of Title VI and Medicare to Racially Integrate Hospitals in the United States, 1963 Through 1967," *American Journal of Public Health*, 87, 11 (November 1997): 1850-1858; Jill Quadagno, "Promoting Civil Rights Through the Welfare State: How Medicare Integrated Southern Hospitals," *Social Problems*, 47, 1 (2000): 68-89.

[90] Rogers, "Race and the Politics of Polio," pp. 784-785.

[91] Schell, *Polio and Its Aftermath*, p. 202; *Miracle at Hickory* (New York: National Foundation for Infantile Paralysis, 1944).

[92] From Charles H. Bynum to NFIP Department Heads, Memorandum, January 18, 1945, Re: Preparedness Program, "Inter-racial and inter-group relations and activities," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[93] Edith P. Chappell and John F. Hume, "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis, 1941-1975," Series 4: Historical Studies, Box 4, History of the NFIP, MDA, pp. 30-32.

chapters.[94] In 1944, the Davidson County NFIP chapter in Nashville, Tennessee, donated "$11,000 worth of physiotherapy equipment to Hubbard Hospital," a black medical facility that was managed by Meharry Medical College administrators.[95] Some southern chapters, therefore, attempted to contend with the polio treatment disparity in their respective communities.

In contrast to the achievements realized in the acute program in the north, access to convalescent care for African-American polio patients was initially restricted across the nation. The exclusionary practices of white hospitals and rehabilitation facilities combined with the shortage of all-black medical services resulted in variable and often inadequate care. One of the few facilities providing racially integrated convalescent treatment at the time was the Gonzales Warm Springs in Texas, which was established in 1937 by the Scottish Rite Masons but not affiliated with the NFIP.[96] Studies undertaken by Dr. R. C. Hood of the Children's Bureau in the U.S. Department of Labor, in 1939 found that there were only 30 beds for African-American polio patients in the entire southern United States.[97] In the north, facilities extending convalescent treatment for black polio patients remained equally limited.[98]

By contrast, white American patients had a number of treatment options, including the famous Warm Springs facility in Georgia. Ever since President Roosevelt took to the mineral waters of Warm Springs, the resort remained a potent symbol of hope for many polio patients. According to historian Naomi Rogers, the facility "gradually became a refuge for an elite group of the disabled."[99] Yet for some civil rights activists, Warm Springs became an equally potent symbol of the Foundation's apparent indifference to the health needs of African Americans, as it excluded all but white patients.[100] During the 1930s, black journalists drew attention to the exclusionary policies of Warm Springs and lobbied for changes to the admission process. For instance, a 1936 *Baltimore Afro-American* article criticized President Roosevelt and voiced dismay over the hypocrisy of the Georgia Warm Springs Foundation in light of African-American participation in raising funds for the organization:

> The record shows that since he has been President, [Roosevelt] has collected millions of dollars for the Warm Springs Foundation, much of which money came from Negroes. Yet, poor, crippled Negro boys and

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[94] From Charles H. Bynum to NFIP Department Heads, Fact Sheet, 1951, Miscellaneous Facts, 1941-1951, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[95] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 15.

[96] Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," pp. 70-77.

[97] "Paralysis Center Set Up for Negroes," *New York Times*, May 22, 1939, p. 15.

[98] Gamble, *Making A Place for Ourselves*.

[99] Rogers, "Race and the Politics of Polio," pp. 784-795.

[100] Victor Cohn, *Four Billion Dimes* (Minneapolis: Minneapolis Star and Tribune, 1955), p. 51. See also Chapter XI, "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 460.

> girls, suffering from infantile paralysis, are not even admitted to this Foundation.[101]

Such negative attention persisted through 1937 with an *Afro-American* article quoting Warm Springs director Keith Morgan as stating: "because the Warm Springs foundation maintains no wards nor clinics, and no separate rooms, pools, or general medical facilities, colored patients cannot be admitted."[102] The NFIP ultimately inherited the unresolved Warm Springs issue when it commenced operations in 1938. Although Foundation officials were interested in providing unbiased treatment, the societal norm of racial segregation proved challenging to overcome.

African-American physicians with the all-black National Medical Association (NMA) and the Julius Rosenwald Fund philanthropy took an early lead in helping the NFIP counter the mounting criticism and address the question of convalescent care for black Americans. In January 1938, African-American physician Dr. Midian Othello Bousfield met with Basil O'Connor to explore potential solutions. Bousfield had considerable experience working for the improvement of black medical institutions and was a strong believer in the importance of white philanthropy in furthering the black health movement. A 1909 graduate of Northwestern University Medical School, Bousfield had once served as president and later as a commission chairman to the NMA. He developed close connections with white philanthropic organizations and by 1935 he became director of the Negro Health Division at the Julius Rosenwald Fund in Chicago, Illinois. Under his direction, the Negro Health Division donated over $1.3 million to train black medical and nursing personnel, as well as provide funding to black hospitals.[103] Bousfield did not lobby for the integration of Warm Springs. He appreciated the Foundation's situation and knew how demands for the integration of a facility located in the heartland of segregation might antagonize many white supporters. Instead, he advocated the development of a separate treatment facility for black Americans as an interim step, as he appreciated that racial integration would be "slow and painful."[104] After the meeting, O'Connor explained:

> [Dr. Bousfield] came in the interest of what he termed 'a Negro Warm Springs.' The plan which he put before me has been gone over several times and is now in the hands of a special committee. . . . While neither Dr. Bousfield nor I have attempted secrecy in these negotiations, we have rather felt that perhaps the matter should not be flushed to the public until we had had an opportunity to determine whether we could come to a mutually satisfactory agreement.[105]

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[101] "The Truth Shall Make You Free! Heed the Truth, You Who are Thinking of Voting for Franklin D. Roosevelt," *Baltimore Afro-American*, Oct. 24, 1936, p. 3.

[102] "Warm Springs Can't Admit Colored" *Baltimore Afro-American*, Jan. 30, 1937, p. 7.

[103] For information concerning Bousfield's background and approach to the black health movement, see Gamble, *Making a Place for Ourselves*, 40, 110; Smith, *Sick and Tired*, 63.

[104] Gamble, *Making a Place for Ourselves*, pp. 109-111.

[105] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 7.

O'Connor agreed that exploring solutions to resolve the disparity in convalescent treatment for black Americans was in the interests of the Foundation. Developing an all-black treatment facility promised to deflect some of the criticism over the sponsorship of a segregated Warm Springs but also serve as concrete proof of the Foundation's ability to uphold its pledge of providing unbiased polio treatment.[106] Despite the potential benefits, O'Connor urged caution, since he realized that the establishment of a new facility would not only incur considerable expense to the fledgling Foundation but also force officials to publicly engage in a politically charged issue over segregation. O'Connor was ultimately reluctant to endorse the proposal until it appeared fiscally responsible and politically expedient.

To assist in determining the suitability of Bousfield's plan, O'Connor turned to the Secretary of the Foundation's General Advisory Committee, Dr. Paul de Kruif. Before coming to the Foundation, de Kruif had obtained a degree in bacteriology from the University of Michigan and had served as an assistant to Dr. Thomas Rivers. He eventually left laboratory work to pursue a career as a medical writer, releasing in 1926 the popular classic, *Microbe Hunters*.[107] As a trained scientist and senior NFIP official, de Kruif surveyed potential sites for a black convalescent treatment facility across the southern states and advised a "special committee" at NFIP headquarters of his findings.[108]

While de Kruif and the "special committee" considered the prospect of establishing a "Negro Warm Springs," black physicians with the NMA added momentum to the project. On May 14, 1938, the Executive Chair of the NMA, Dr. W. McHinley Thomas, wrote to the NFIP inquiring whether there were plans "for establishing clinic centers for the training of the Negro physician to do his share in the eradication" of polio.[109] Thomas pledged the "full cooperation" of the NMA and suggested the Tuskegee Institute as a suitable location for a clinic due to the capabilities of its resident orthopedic surgeon. An additional proposal came from NMA physician Dr. John T. Givens, who advised that a treatment center similar to Warm Springs, Georgia, be opened in Hot Springs, Arkansas, for African Americans and named after Mrs. Roosevelt because of her

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[106] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 9.

[107] Paul de Kruif, *Microbe Hunters* (New York: Harcourt, Brace, Jovanovich, 1926); Jane S. Smith, *Patenting the Sun: Polio and the Salk Vaccine* (New York: William Morrow & Company, Inc., 1990), p. 71.

[108] "Paralysis Center Set Up for Negroes," *New York Times*, May 22, 1939, p. 15. See also Jeanne L. Brand, "Chapter II: The Response to Developing Problems of Medical Care, 1940-1946," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 88-90.

[109] Dr. Wm. McHinley Thomas to National Foundation for Infantile Paralysis, Letter, May 14, 1938, Series 1: National Foundation for Infantile Paralysis, "National Medical Association," Box 14, Public Relations Records, MDA. Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 6b. Few records exist in the MODA related to race relations prior to the efforts of Charles H. Bynum. Further scholarly attention needs to be directed at the personal and professional papers of Dr. M. O. Bousfield, correspondence of the National Medical Association, and records from the Georgia Warm Springs Foundation.

"great humanitarian interest."[110] The correspondence of NMA physicians added pressure on Foundation officials to devise a timely solution.

Due to criticism from the black press, the collective lobbying of the NMA, the counsel of Bousfield, and the special interests of the NFIP, a separate polio treatment and training facility for black Americans was brought to a reality. It was perhaps not surprising that the NFIP "special committee" selected the Tuskegee Institute for the new polio treatment center, as it had established medical facilities, an orthopedic specialist on staff, as well as a history of cooperation with white philanthropic institutions and the federal government.[111] On May 22, 1939, Basil O'Connor announced the approval of a $161,350 grant to Tuskegee Institute's John A. Memorial Hospital to "build, equip, and maintain for one year" a 36-bed "infantile paralysis center for Negroes."[112] At the time, this was the largest grant ever made by the NFIP to a single institution, the first grant awarded to a black institution, and the only grant ever made for a construction project.[113] In his public announcement, O'Connor assured that:

> The Tuskegee Polio Center . . . will do much more than provide the most modern treatment for Negro infantile paralysis victims. It will train Negro doctors and surgeons for orthopedic work. It will train Negroes as orthopedic nurses. It will train Negroes as physiotherapists.[114]

O'Connor further explained that the new facility would serve as a clearinghouse to disseminate "educational information to all Negro doctors."[115] From such unreserved optimism, it was clear that O'Connor anticipated great things from the Tuskegee facility. The authorization of the Tuskegee grant demonstrated not only the success of the African-American health movement in lobbying for needed facilities, but also the desire of Foundation officials to close gaps in their treatment program while also gaining the support of many black Americans. Yet the actions of Foundation officials also highlighted a belief that they were in no position to challenge segregation but rather work within the existing social framework to provide a parallel infrastructure. Funding separate black institutions followed decades of similar efforts by white philanthropies, including the Julius Rosenwald Fund, Duke Endowment, and Rockefeller General Education Board.[116] Consequently, the patronage of an all-black facility became an expedient solution for the Foundation in trying to negotiate a segregated society.

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[110] Dr. John T. Givens to Director of Warm Springs Foundation, Letter, October 11, 1938, Series 1: National Foundation for Infantile Paralysis, "National Medical Association," Box 14, Public Relations Records, MDA. Givens was also outspoken concerning the state of medical training for African-Americans, see John T. Givens, "Our Medical Colleges and Medical Education," *Journal of the National Medical Association*, 40, 4 (July 1948): 170.

[111] There are a number of scholarly works that review, in part, the cooperation of Tuskegee with white philanthropic institutions, including Henry S. Enck, "Tuskegee Institute and Northern White Philanthropy: A Case Study in Fund Raising, 1900-1915," *The Journal of Negro History*, 65, 4 (Autumn, 1980), pp. 336-348; Susan M. Reverby, ed. *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: University of North Carolina Press, 2000);
Robert J. Norrell, "Booker T. Washington: Understanding the Wizard of Tuskegee," *The Journal of Blacks in Higher Education*, 42 (Winter, 2003-2004): 96-109; Mary S. Hoffschwelle, *The Rosenwald Schools of the American South* (Gainesville: University Press of Florida, 2006).

[112] "Paralysis Center Set Up for Negroes," *New York Times*, May 22, 1939, p. 15.

[113] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 11.

[114] "Paralysis Center Set Up for Negroes," *New York Times*, May 22, 1939, p. 15.

[115] "Paralysis Center Set Up for Negroes," *New York Times*, May 22, 1939, p. 15.

However, as long as Warm Springs continued to cater primarily to a white clientele, the provision of a construction grant to Tuskegee served to divide African-American communities and fuel a level of ongoing resentment. During the black health movement, such divisiveness was not uncommon when white philanthropies engaged in the funding of separate black medical institutions.[117] With the Tuskegee Infantile Paralysis Center under construction, some African-American journalists continued their onslaught against Warm Springs as a symbol of persisting inequality. Although Eleanor Roosevelt's insistence led Warm Springs officials by the 1940s to accept a small number of black polio patients, their segregated treatment and housing conditions remained far from ideal.[118] In September 1940, an *Afro-American* reporter visited Warm Springs and described that:

> This sanitarium for infantile paralysis victims has one colored patient, and 40 colored employees receiving from $4.50 to $7.50 per week. This sole colored patient, said to be in a serious condition, is treated and housed in a small basement room, the only place provided for the colored sick.[119]

Such journalistic critiques were readily engaged by Bousfield, who proved to be an important ally of the NFIP in defending it against the charges of some African-American writers who insisted on the full integration of Warm Springs.[120] In December 1940, Bousfield wrote to the editor of the black newspaper *Pittsburgh Courier* explaining that it was not reasonable to blame the NFIP for the cultural practices of the southern states and warned that forced integration of Warm Springs could undermine the entire polio crusade. As Bousfield argued:

> It has never seemed quite honest to attack the President for the failure to admit Negroes to Warm Springs. It is quite right, always, to make protests against any type of segregation, but . . . there are literally thousands of instances in the South where this same segregation exists. . . . [If] the

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[116] Gamble, *Making a Place for Ourselves*.

[117] Vanessa Northington Gamble, "Black Autonomy Versus White Control: Black Hospitals and the Dilemmas of White Philanthropy, 1920-1940," *Minerva: A Review of Science, Learning and Policy*, 35, 3 (1997): 247-267; Darlene Clark Hine, "Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890-1950," *Journal of American History*, 89, 4 (2003): 1279-1294.

[118] "Reporter Visits FDR's GA. Home," *Baltimore Afro-American*, September 14, 1940 as cited in Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 8. For information concerning the role of Eleanor Roosevelt, see Oshinsky, *Polio: An American Story*, p. 65; Theo Lippman, *The Squire of Warm Springs: FDR In Georgia, 1924-1945* (Chicago: Playboy Press, 1978), pp. 90-93; Rogers, "Race and the Politics of Polio."

[119] "Reporter Visits FDR's GA. Home," *Baltimore Afro-American*, September 14, 1940 as cited in Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 8.

[120] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 10.

> President . . . had tried to put Negroes into Warm Springs, it would have meant the ultimate abandonment of the whole program.[121]

Bousfield considered that if progress was to be made in the provision of polio care, it would be best not to attack the Foundation but work with its personnel to fulfill the immediate health needs of African Americans. For Bousfield, a separate all-black facility as an interim step was preferable to nothing at all. Although not all black Americans agreed, the concept of a separate facility at Tuskegee slowly gained acceptance.

When Tuskegee Infantile Paralysis Center eventually opened on January 15, 1941, Dr. John W. Chenault gushed with approval over the "three-story, fireproof building, equipped with the latest facilities for the care of crippled children."[122] Despite Chenault's confidence, the new facility remained far behind that of Warm Springs, which in contrast boasted a large contingent of experienced medical and surgical staff, expansive treatment facilities, and resort-style accommodations. Due to the evident inequality, the Tuskegee investment, which had topped $414,356 by January 1945, failed to realize the hopes of Foundation officials.[123] Although Tuskegee did provide a measure of convalescent care to black Americans, it was initially underutilized and inefficient. The Tuskegee investment was ultimately a mixed success but considered worthy of sustained patronage to uphold the Foundation's pledge.

With the Tuskegee Infantile Paralysis Center built and accepting patients in 1941, attention turned to its promotion. However, because the construction of the polio center had retained Foundation officials' attention, planning for the marketing of the facility was initially overlooked. Bousfield, aware of this shortcoming, wrote to O'Connor in May 1941 advising that the NFIP develop and release suitable promotional materials.[124] In particular, he recommended that a pamphlet, similar to one developed for Warm Springs, be created for the Tuskegee Infantile Paralysis Center. To assist with this effort, Bousfield sent O'Connor a series of photographs and a "brief" prepared by Tuskegee personnel describing the facility and its polio rehabilitation program.[125] O'Connor appreciated Bousfield's guidance and forwarded the materials to the Foundation's Committee on Medical Publications for final approval.[126]

However, the production of the Tuskegee publication posed a problem for Foundation officials unfamiliar with the composition and distribution of African-American communities. Like many white national health philanthropies at the time, the Foundation had little experience marketing to a non-white audience. Consequently, officials struggled to determine how and where the "eight page booklet" should be distributed. O'Connor sought the advice of many Foundation advisors, including Dr. Max M. Peet, a neurosurgeon at the University of Michigan and member of the committee. In a response, Peet suggested that the Tuskegee booklet "have wide distribution throughout the South" and "to a certain extent in the North."[127] He further advised that "negro ministers in the North" receive the publication in order to "show them what the National Foundation [was] doing for the negro race." Such efforts, he argued, would "be of value in gaining their support." Pete was astute in recognizing the importance of African-American religious leaders, but the Tuskegee Infantile Paralysis Center was a medical institution that needed to be promoted beyond black community leaders to those who worked with or saw cases of polio on a daily basis.

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[121] Dr. M. O. Bousfield to Ira F. Lewis Managing Editor of the Pittsburgh Courier, December 9, 1940 as cited in Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 9.

[122] Edith P. Chappell and John F. Hume, "A Black Oasis: Tuskegee's Flight Against Infantile Paralysis, 1941-1975," Series 4: Historical Studies, Box 4, History of the NFIP, MDA, pp. 52, 58.

[123] This sum is based on a total of $414,356.69 awarded by January 1945. See Jeanne L. Brand, "Chapter II, The Response to Developing Problems of Medical Care, 1940-1946," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 89.

[124] Dr. M. O. Bousfield to Basil O'Connor, Letter, May 22, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[125] Dr. M. O. Bousfield to Basil O'Connor, Letter, May 22, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[126] Basil O'Connor to Dr. M. O. Bousfield, Letter, May 27, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

Foundation officials turned once more to the advice of Bousfield to help them navigate unknown terrain. In June 1941, Bousfield assured NFIP Executive Secretary Peter J. A. Cusack that he would utilize his many contacts in the black media, including Claude Barnett, founder of the Associated Negro Press (ANP), to "accord publicity" from over one-hundred participating African-American newspapers.[128] Since the booklet afforded both "educational value and advertising," Bousfield recommended that it be distributed to both black and white physicians, as well as "to all the state health officers and to the county health officers throughout the seventeen southern states." As he reasoned: "it [was] important to get [the pamphlet] into the hands of people who [would] run into cases of poliomyelitis among colored children and not know where to send them."[129] Bousfield also deemed lay professionals, including those in "state teacher associations" and heads of educational institutions as worthy of Foundation attention.[130] Due to the growing list of potential recipients, Bousfield recommended that no less than 20,000 copies be printed, but preferably 40,000 to guarantee booklets for "Negro consumption."[131] Cusack, in realizing the potential scope of the publication, erred on the side of caution with 50,000 copies.[132] Through Bousfield's recommendations, as well as utilization of medical and media contacts, NFIP officials derived important benefits to assure maximum exposure for their first race relations pamphlet.

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[127] Dr. Max M. Peet (University of Michigan) to Basil O'Connor, Letter, May 28, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA. For information concerning Max M. Peet's medial training and roles at the National Foundation for Infantile Paralysis, see <http://www.societyns.org/society/bio.aspx?MemberID=7515>, last viewed June 2007.

[128] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, June 24, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA. For information about Claude Barnett, see Lawrence D. Hogan, *A Black National News Service: The Associated Negro Press and Claude Barnett, 1919-1945* (Rutherford: Fairleigh Dickinson University Press, London: Associated University Presses, 1984). See also <http://www.aaregistry.com/african_american_history/1152/The_Father_of_the_Negro_Press_Claude_Barnett>, last viewed July 2007.

[129] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, July 9, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[130] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, June 24, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[131] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, July 9, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[132] Peter J. A. Cusack to Dr. M. O. Bousfield, Letter, July 24, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

Once copies of the Tuskegee pamphlet were printed, Foundation officials connected with black professional associations and the Tuskegee Institute to promote their accomplishments. In March 1942, Cusack contacted senior staff at Tuskegee and the National Medical Association in order to obtain assistance in distributing the new pamphlets.[133] Tuskegee President Dr. F. D. Patterson offered Cusack full cooperation and welcomed the arrival of 25,000 additional copies for Chenault's distribution.[134] Cusack also made arrangements with Dr. John A. Kenney, the editor for the black medical profession's periodical, the *Journal of the National Medical Association* (*JNMA*), to obtain the NMA mailing list for the provision of booklets to black physicians.[135] Kenney was particularly in favor of distribution to "the colored medical profession" and mailed Cusack the most current list.[136] Furthermore, NFIP personnel attempted to reach African-American communities directly by distributing the Tuskegee pamphlet to some black movie theaters. O'Connor's secretary, Grace Murphy, reportedly sent the pamphlet to the owner of an undisclosed black theatre in an attempt to assure patrons that the NFIP was not "ignoring the needs of the Negro."[137] Through the production of the Tuskegee pamphlet, NFIP officials began to forge a wider awareness and establish positive connections among black Americans.

Foundation officials also became cognizant of the important role that black physicians would play in assuring the success of the new polio treatment facility. Bousfield served once more as the social catalyst by promoting networking opportunities and fostering relations between the black National Medical Association and the NFIP. From his desk at the Rosenwald Fund, Bousfield wrote to Cusack in June 1941 recommending that that NFIP set up an information booth at an upcoming Chicago NMA convention.[138] Bousfield advised that this would accord a fine opportunity for NFIP personnel "to get acquainted with a large number of Negro physicians," as well as to provide educational resources and increase awareness of the polio treatment program at Tuskegee. He assured Cusack that hassles would be kept to a minimum, since "enlargements of pictures from the Tuskegee [Infantile Paralysis Center] would be a sufficient background" while booth management could be handled by Chenault or "office men from the [NFIP] Committee on Education."[139] Cusack was particularly in favor of Bousfield's advice and agreed that the Foundation should participate. He offered to send representatives from the Foundation, as well as welcomed the assistance of Chenault. Once notified, Chenault "expressed an interest" in the proposed booth and arranged to plan its design.[140] Due to a growing alliance between the Foundation and the NMA, the convention was a success. The Foundation's booth was among the most popular and reportedly all copies of the Tuskegee pamphlet were exhausted.[141] Black physicians across the United States were now learning that the NFIP had a polio treatment program, which specifically addressed the health needs of black Americans.

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[133] Evidence suggests that Bousfield made regular inquiries as to the status of the printed booklets. See Peter J. A. Cusack to Dr. John A. Kenney (Editor, NMA Journal), Letter, March 20, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[134] Peter J. A. Cusack to Dr. F. D. Patterson (Tuskegee Institute), Letter, March 5, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[135] For the first message on this topic, see Peter J. A. Cusack to Dr. John A. Kenney (Editor, NMA Journal), Letter, March 20, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA. For additional correspondence, see Dr. John A. Kenney (Tuskegee Institute) to Peter J. A. Cusack, Letter, May 2, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA. Due to an "absence of clerical help" the Tuskegee Institute was unable to send the booklets to NMA subscribers. Cusack offered NFIP assistance leading Kenney to send him the mailing list for distribution. For further discussion on this issue, see Dr. John A. Kenney to Peter J. A. Cusack, Letter, December 26, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA; Peter J. A. Cusack to Dr. John A. Kenney, Letter, February 18, 1943, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[136] Dr. John A. Kenney to Peter J. A. Cusack, Letter, March 24, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA. For information concerning Kenney's desire to have the NFIP incur the costs, see Dr. John A. Kenney to Peter J. A. Cusack, Letter, May 15, 1942, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[137] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 11.

[138] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, June 24, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

The lobbying efforts of black physicians appear to have kept doctors visible to Foundation officials. In spite of the important role of black nurses in the care of polio patients, not until the mid-1940s was there evidence of the Foundation's direct contact with the predominantly female organization of the National Association of Colored Graduate Nurses.[142] Some scholarships did reach black nurses indirectly, however, through the Foundation's sponsorship of the National League of Nursing Education.[143] Consequently, the NFIP's initial outreach to black professionals appears to have been distinctly gendered male and physician-oriented.

Race and the Foundation's County Chapters

Although improvements were realized for African Americans in the polio treatment program between January 1938 and December 1944, NFIP officials encountered numerous obstacles in establishing interracial cooperation within the county chapter system. When Foundation chapters were first spawned across the nation in 1938, the composition of the executive and medical committees favored white Americans.[144] In addition, since chapters were operated by and for the members of the county, white volunteers tended to inherit the prevailing societal values towards black Americans and therefore sustained local customs of racial segregation or exclusion. Headquarters officials had little direct influence over the composition of chapter committees, so long as members abided by the operational rules set out in the chapter manual. In most counties the involvement of African Americans was overlooked from the beginning.

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[139] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, June 24, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[140] Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, July 9, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[141] Peter J. A. Cusack to Dr. M. O. Bousfield, Letter, July 24, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publication Records, MDA.

[142] It is difficult to explain the NFIP's lack of contact with the NACGN. For a brief discussion of early polio care undertaken by black nurses, see "It Happened in 1944," *The American Journal of Nursing* 45, 1 (Jan. 1945), pp. 45-47. For the larger contributions of black nurses and their professional association, the National Association of Colored Graduate Nurses, see Smith, *Sick and Tired of Being Sick and Tired*; Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989); J. Campinha-Bacote "The Black Nurses' Struggle Toward Equality: An Historical Account of the National Association of Colored Graduate Nurses." *Journal of National Black Nurses Association*, 2, 2 (1988): 15-25.

[143] "Receives Scholarship," *Baltimore Afro-American*, January 31, 1942, p. 9.

[144] Sills, *The Volunteers*.

One rare exception to this practice occurred in Macon County, Alabama, in which the local Tuskegee chapter was spawned on November 20, 1940, with an executive committee comprised of African Americans.[145] Since Tuskegee was already a center for black polio treatment and NFIP sponsorship, the development of a chapter appears to have been a logical decision for local black professionals. Formed by twelve Tuskegee Institute employees, including Movable School Agent Thomas M. Campbell, Sr., scientist George Washington Carver, Tuskegee President Dr. F. D. Patterson, and orthopedic surgeon Dr. John W. Chenault, the chapter was considered to be among the most active in the south.[146] However, the Tuskegee chapter was not recognized by NFIP headquarters as a "bona fide" chapter and therefore could not claim equivalent status to white chapters.[147]

When Foundation officials issued directives aimed at furthering interracial cooperation among chapters, their response to the perceived reluctance of white volunteers led to circumspect policies. By February 1942, the predominance of white executive committees among the more than 2,400 county chapters across the nation slowly began to cause tensions.[148] Qualified black volunteers, who were committed to assisting the polio crusade, remained barred from chapter membership because of their race.[149] Black volunteers disappointed by refusals to join and white volunteers frustrated with persistent inquiries appears to have placed pressure on headquarters to consider the recognition of separate black chapters in each county. In March 1942, NFIP officials weighed the consequences of authorizing such a policy and sought the decision of Basil O'Connor as to whether there should be any objection to "forming Chapters composed exclusively of Negroes to take care of the needs of the members of their race."[150] O'Connor approached his verdict cautiously, since he did not want to antagonize the core of white chapter volunteers nor alienate a group of new potential supporters. As a pragmatist, O'Connor sought a compromise position that neither challenged society's prejudiced norms nor entirely ignored the rights of black Americans to serve in the Foundation program. On March 27, 1942, O'Connor issued his directive, stating:

> There should be no objection to the formation of chapters composed exclusively of Negroes in the . . . southern states where this pattern

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[145] For more about Tuskegee's "unique" status, see Charles H. Bynum to Dr. Hart Van Riper, Memorandum, May 21, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[146] For more about the founding members of the Tuskegee chapter, see "Original Chapter Members," November 20, 1940, Chapter Personnel, Alabama, Tuskegee Institute (Macon County), MDA.

[147] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, May 21, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[148] See Appendix A for the year-by-year total growth of Foundation chapters.

[149] For a discussion of how black Americans sought chapter membership, see Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[150] Peter J. A. Cusack to Basil O'Connor, Memorandum, March 25, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

> generally exists. I think it would be better wherever possible to add committees on Negro participation to the present chapters. In northern cities membership can and should be extended to Negroes.[151]

O'Connor's directive was quite liberal for the times, but ultimately difficult to enforce and operationally redundant. Although the establishment of parallel black chapters promised to avoid conflict with white chapter personnel and increase black participation, it remained unclear whether black Americans would be content with this situation or whether both black and white chapters could simultaneously share official status within the same county. O'Connor avoided going so far as to demand northern chapter volunteers extend membership to black Americans; instead, he hinted that it should be undertaken only if local conditions were suitable. Since O'Connor's directive remained more of an optimistic appeal than a resolute policy, very little ultimately changed in the field. In fact, there is little evidence to suggest that white chapter officials in the north extended invitations for chapter membership to black Americans during the early 1940s and no evidence of parallel official black chapters operating alongside white chapters.[152]

As the policy concerning black chapters languished, Marvin B. Eckford, an African American with press connections, approached NFIP officials in October 1942 with a plan.[153] Eckford was an ambitious salesman who had formerly worked for the YMCA in Baltimore, the National Urban League in New York City, and was by then employed as an associate with Standard News Syndicate.[154] Far from advocating the abandonment of the black chapter concept, it appears that he sought to assist the NFIP with managing and expanding it. NFIP officials welcomed Eckford's input, but they remained hesitant to implement his ideas. In particular, NFIP fundraising advisor and former New York State boxing commissioner, D. Walker Wear, warned that the whole notion of black chapters was untenable and had to be "thought to conclusion as to its effect and result."[155] Wear realized the potential complexities of recognizing racially distinct chapters under a system that had traditionally accepted only white chapters. Drawing from personal experiences but articulating prejudiced views, Wear speculated whether African Americans were ready to be equal partners with whites in the polio crusade. On October 14, 1942, Wear expressed his views:

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[151] Basil O'Connor to all NFIP staff, Memorandum, March 27, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[152] This is based on the comments made by Charles H. Bynum when he arrived at the NFIP in 1944. He indicated that a complete void existed and he spent decades trying to not only get white chapters to extend membership to African-Americans but also help black communities form and manage their own separate chapters.

[153] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For information about Marvin B. Eckford's membership in the NAACP, see <http://www.lexisnexis.com/academic/guides/Aaas/ naacp2402.pdf>, last viewed July 2007.

[154] Eckford's employment history was derived from a letter sent by Dr. M. O. Bousfield to NFIP officials and letterhead, which Eckford used to communicate with NFIP officials. See Dr. M. O. Bousfield to Peter J. A. Cusack, Letter, April 15, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Marvin B. Eckford to Basil O'Connor, Letter, March 22, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[155] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. See <http://www.pbs.org/wgbh/amex/fight/sfeature/sf_radio_pop_1938_pre_rm.html>, last viewed July 2007; <http://ou.edu/special/albertctr//archives/KerrInventory/KerrGub17.htm>, last viewed July 2007; <http://www.disabilitymuseum.org/lib/docs/2038.htm>, last viewed July 2007. For more information about Wear, see "Part 2: Final Draft, Volume 1, Book 1: National Administration and Policies of the

> In a general way, I do not approve of Negro Chapters as the average Negro is not charitably inclined, is poor, if not a pauper. There are exceptions to the foregoing in Northern communities such as Harlem, Chicago, Washington, D.C., Los Angeles, California, and perhaps a few other cities might be considered, such as, Philadelphia, Baltimore and Detroit, where large Negro settlements do have a . . . certain earning power and might be, in time, educated to support a Chapter.[156]

According to Wear, most black Americans would not be suitable chapter volunteers. In his opinion, the idea of separate black chapters was not viable due to a supposed socio-economic and educational disparity inherent to most black Americans. He cautioned that the Foundation should not "attempt to organize certain Negro activities," since white chapter chairpersons would be unreceptive to the suggestion and that it would not be "successful from a dollars and cents standpoint."[157] Wear claimed to have garnered this viewpoint by a thorough investigation and by considering the perspectives of Bousfield, Eckford, and white campaign volunteers in northern urban centers. In fact, he reportedly "talked with a number of [white] people regarding the subject and did not get any enthusiasm."[158] Wear's concerns surrounding white objections to the plan combined with the Foundation's limited experience working with black Americans, situated the prospect of black chapters as an unnecessary risk.

Despite Wear's categorical dismissal of the black chapter plan, he nevertheless set out guidelines for its hypothetical development on a segregated basis. Wear first defined a rubric to determine under what circumstances a black chapter could be established, suggesting that the county in question have both a large African-American population and the "approval of the existing [white] Chapter of the Foundation."[159] Although Wear did not specify who instigated and maintained relations under such arrangements, it appears that he viewed the proposed system as feasible if white chapter committees maintained ultimate control. He therefore recommended that any established black chapter be placed under the direction of the existing white chapter by setting it up as "a

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NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 263. For more information about Wear's position, see Fund Raising Department, Organizational Chart, February 1, 1949, "Organizational Charts, 1949-1953," Series 10: Incorporation, Box 10, Medical Program Records, MDA.

[156] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For the full name of Wear, see <http://ou.edu/special/albertctr//archives/KerrInventory/KerrGub17.htm>, last viewed July 2007; <http://www.disabilitymuseum.org/lib/docs/2038.htm>, last viewed July 2007.

[157] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[158] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[159] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

branch" to assure "better control and more perfect organization."[160] In spite of Wear's efforts at articulating a policy for black chapters, the majority of NFIP authorities remained sufficiently deterred. It is perhaps likely that Foundation officials understood that recognizing black chapters would not only risk white opposition and add complexity to the Foundation structure, but also serve as tacit approval of racial segregation. At a time of growing civil rights activity, any national policies that appeared to favor segregated practices were likely targets for criticism. Since the Foundation perceived few redeeming features of the proposed black chapter concept, the idea was put on hold indefinitely. If black chapters materialized at all, they would have to be spawned from within African-American communities and remain unsanctioned.[161]

Race and the March of Dimes

At the same time Foundation officials were debating whether to recognize black chapters as a strategy to improve race relations, further obstacles emerged in achieving interracial cooperation in the annual March of Dimes fundraising drive. Spawned by local chapters, managed directly by headquarters, and coordinated in each county by a volunteer campaign committee, the March of Dimes was the lifeblood of the Foundation. When the March of Dimes was first conceived in 1938, the earlier contributions of black Americans in the National Committee for Birthday Balls apparently went unnoticed.[162] Due in part to this oversight and the reluctance of most white organizers to facilitate interracial volunteerism, the March of Dimes organization failed to accommodate black Americans in the campaign structure. Over the years, the majority of white county campaign chairpersons upheld societal customs and refused to invite the participation of black Americans. This arrangement was by no means limited to the southern states but persisted in many northern centers, including New York City.[163] Although exclusion led some African Americans to shun the March of Dimes, others recognized that the Foundation provided an important polio treatment program and wanted to financially support the cause.[164] Between 1941 and 1944, African-American community leaders and physicians put forward various strategies to increase interracial cooperation; however, Foundation officials remained reticent to implement strategies that might lead to criticism or alienate their existing white volunteers. Since documented inaction can aid in understanding corporate culture and policy, investigating the nature of internal proposals and reasons for their abandonment aid in further revealing the politics of race during the formative years of the NFIP.

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[160] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[161] Even in 1946, the Tuskegee all-black chapter was not officially recognized by NFIP headquarters. See Charles H. Bynum to Dr. Hart Van Riper, Memorandum, May 21, 1946, Re: Preparedness Meetings, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[162] Charles H. Bynum to Joe Savage, Memorandum, July 3, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. See also "The Truth Shall Make You Free! Heed the Truth, You Who are Thinking of Voting for Franklin D. Roosevelt," *Baltimore Afro-American*, Oct. 24, 1936, p. 3. For a discussion of the contributions of African-Americans, see "Negro Citizens to Give Ball for Roosevelt," *The Washington Post*, Jan. 14, 1934, p. 17. According to this article, the proceeds of the ball were to be given to the Georgia Warm Springs Foundation. See also Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," p. 68.

[163] For more information about the lack of campaign cooperation in New York City, see Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945, Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[164] For more information about the desire of black Americans to support the March of Dimes, see "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 17.

The first effort to institute African-American participation in the March of Dimes was undertaken in January 1941 with Dr. M. O. Bousfield and high-ranking Foundation officials, including NFIP Executive Secretary Peter J. A. Cusack and Medical Director Dr. Donald Gudakunst.[165] Although sources do not reveal the specifics of the meeting, they do hint that Bousfield advised the Foundation to initiate contact with black communities and encourage them to launch their own local fundraising drives.[166] Foundation officials, however, appear to have been divided over Bousfield's suggestions. Although all of them were interested in generating additional revenue, some officials remained wary of extending the campaign into black communities. Following the meeting, a hand-written internal memorandum authored by an unidentified NFIP official cautioned that Bousfield's proposal was "not a thing [that the NFIP] should attempt at this time" and enumerated several reasons to avoid implementation.[167] In particular, the official believed that the "organization of negroes [was] most difficult" and that coordination of such a group required years of "careful planning" or the existing white fundraising efforts might be undermined.[168] The official also reasoned that the "economic levels" among African Americans varied too widely and that their paucity of financial and volunteer resources might stifle fundraising. Finally, he hinted that mobilizing black Americans in the March of Dimes might place the NFIP at risk for criticism. In particular, the author of the memo warned that black volunteers would be "very quick to detect faults in white man organization[al]" structures and practices, including the burgeoning all-white NFIP chapter system. Although black Americans had a long history of supporting public health and medical fundraising campaigns, the trepidation of the memo's author attested to two issues.[169] First, the gaining momentum of the civil rights movement and the demonstrated ability of black activists to effectively publicize racial inequalities in national institutions; and, second, the fear of destabilizing the existing white campaign. For at least some Foundation officials, the inclusion of black volunteers in the March of Dimes was premature.

Despite Marvin B. Eckford's earlier involvement in the demise of the black chapter concept, evidence suggests he was hired on a temporary basis by NFIP officials in early 1943 to "prepare releases for the Negro press."[170] In addition to writing news releases, Eckford became interested in helping the Foundation advance interracial fundraising. In early February 1943, he met with Cusack to present his vision for African-American recruitment.[171] Similar to Bousfield's earlier suggestions, Eckford proposed that the involvement of black Americans might be increased through the development of a mass outreach program directed at media, religious, and community leaders. He envisioned sending literature to African-American leaders, describing the purpose of the March of Dimes and encouraging the formation of local black fundraising committees. To complement this strategy, he intended to travel and meet with black volunteers in order to provide encouragement and advice. Although Cusack considered Eckford's plan interesting and potentially "profitable," he disagreed that extensive travel, meetings, and assistance for black volunteers was necessary.[172] Instead, he believed that strategies previously employed by the Warm Springs Foundation in 1933 to inspire communities to hold Presidential Birthday Balls would be suitable for the present issue. He reasoned that in little more than 2 to 3 months black communities could be mobilized through "direct mail contact with all newspaper publishers in the United States" requesting that they recommend the name of an "outstanding [black] citizen" to be appointed the local fundraising organizer.[173] Cusack's plan was economical but from Eckford's perspective it was far too limited to resolve years of exclusion from the March of Dimes. Since no compromise could be reached, the plan was apparently shelved until Eckford could alter his plan.

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[165] For information about with whom Dr. M. O. Bousfield met when he visited the NFIP in 1941, see Dr. M. O. Bousfield to Basil O'Connor, Letter, May 22, 1941, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Medical and Publications Records, MDA.

[166] Ideas about the content of Bousfield's proposal are based on working backwards from the points that were negated in the hand-written NFIP internal memorandum. See Memorandum, February 3, 1941, Re: M O Bousfield, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[167] Memorandum, February 3, 1941, Re: M O Bousfield, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[168] Memorandum, February 3, 1941, Re: M O Bousfield, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[169] For more about the efforts of black Americans in organizing public health and medical fundraising campaigns, see Smith, *Sick and Tired of Being Sick and Tired;* Gamble, *Making A Place for Ourselves.*

One month later, Eckford presented a revised proposal, but instead of returning to meet with Cusack he sought the attention of President O'Connor.[174] On March 18, 1943, Eckford presented to O'Connor an ambitions plan that articulated new far-reaching ideas.[175] He explained that the "tremendous" revenue potential of African Americans could be tapped by offering greater national support and positive volunteer opportunities. To facilitate this plan he proposed that each white campaign committee recruit one upstanding African American "as a representative from the Negro group."[176] Eckford carefully acknowledged the privilege of white officials by recommending that the appointment of black volunteers be made only with the "full consent" of each white chairperson. He was by no means suggesting full campaign committee integration, but merely token integration for the duration of the March of Dimes planning phase. Assumed in his proposal was that African American leaders would then form and maintain their own separate campaign organizations within their respective communities.[177] However, Eckford neglected to address the full range of potential negative responses in enforcing such a directive or contingency plans for uncooperative white campaign organizations. Instead, he promised O'Connor that his plan, if pursued vigorously, would reap significant public relations benefits while generating $100,000 for the 1944 March of Dimes.[178] Eckford's race relations proposal marked a significant step for the NFIP, since it was the first plan articulating the need for integrated campaigns with a sustainable fundraising strategy.

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[170] Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[171] Cusack recounts his February meeting with Eckford in Peter J. A. Cusack to Basil O'Connor, Memorandum, March 23, 1943, Re: Negro contributions, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[172] Peter J.A. Cusack to Basil O'Connor, Memorandum, March 23, 1943, Re: Negro contributions, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[173] Peter J.A. Cusack to Basil O'Connor, Memorandum, March 23, 1943, Re: Negro contributions, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[174] Marvin B. Eckford to Basil O'Connor, Memorandum, March 22, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[175] Marvin B. Eckford to Basil O'Connor, Memorandum, March 20, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. In this memorandum, Eckford recounts his meeting with O'Connor.

[176] Marvin B. Eckford to Basil O'Connor, Memorandum, March 20, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

O'Connor was in favor of Eckford's idea and decided that he would authorize it "for a try anyway."[179] To move forward, he requested that Cusack provide a breakdown of Eckford's budget and an opinion on its viability.[180] Cusack initially expressed his earlier conviction that Eckford was making more out of the project than was necessary and that his plan, though enlarged, could still be completed in less than 3 months. However, Cusack's view changed markedly after subsequent private meetings with Eckford in which they discussed how racial prejudice among white volunteers and lengthy negotiations could derail the project. Cusack came to realize that there would likely "be stalling and procrastinating [by white campaign volunteers]. . . and this factor in itself could well consume three months."[181] If the plan for token March of Dimes committee integration was to be carried out at all, Cusack recommended that it now needed to be expanded to "a twelve-month basis."[182]

To seek a second opinion of Eckford's proposal, Cusack consulted Bousfield, who had left the Julius Rosenwald Fund in June 1942 to take command of the all-black Army Medical Corps Station Hospital One at Fort Huachuca, Arizona.[183] Bousfield reviewed Eckford's materials with considerable interest and offered a thorough critique.[184] Although he thought the overall plan was "a good one," he had two concerns. The first was the consultant's proposed salary, which at $3,800 was believed "too big for part time and not enough for full time." He encouraged Cusack to increase the amount as "any man who could build this organization ought to be worth more than $3,800 a year." Bousfield's second concern focused on the capabilities and aspirations of the proposal's author. He warned Cusack, "[e]verything depends on Eckford, whom I do not know." Since Bousfield could not attest to Eckford's fitness for the job, he recommended that a background check be conducted on his employment at the National Urban League. Bousfield was also disappointed in Eckford's "prospectus," which he found to be prepared "with some carelessness and evidently from an old list of names." He ultimately doubted Eckford's ability to lead such an ambitious project and feared that his motivations were not entirely genuine. He reminded Cusack that "you have to be careful that a man doesn't use such a project for travel expense and salary while he goes around the country not only to do your job but at the same time to beat up business for a news syndicate."[185] Since Bousfield had such a trusted and longstanding relationship with the NFIP, his critique of Eckford held considerable weight. NFIP officials also floated the idea by white campaign directors in large cities who immediately objected to the plan, finding it "to be cumbersome in several aspects" and in utter disbelief over the "predicted receipts."[186] Due to the risk of antagonizing white volunteers and perhaps due to an inability to determine Eckford's true motivations, Cusack and O'Connor decided that the project, although merited, was premature. At a time of segregation of the United States military, the idea of even token integration of March of Dimes campaign committees was sure to set off considerable white resentment towards an otherwise popular institution. Given that the March of Dimes initially relied on the generosity of white Americans, any negative racially inspired debate could be disastrous.

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[177] Additional information can be gleaned from retrospective findings, see Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[178] Marvin B. Eckford to Basil O'Connor, Memorandum, March 20, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[179] Peter J. A. Cusack to Basil O'Connor, Memorandum, March 23, 1943, Re: Negro contributions, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. O'Connor's request to move forward is handwritten on the memorandum.

[180] Marvin B. Eckford to Basil O'Connor, Letter, March 22, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. Eckford sends O'Connor an outline of their discussions so that O'Connor can have a copy for review and distribution. See also Peter J. A. Cusack to Basil O'Connor, Memorandum, March 23, 1943, Re: Negro contributions, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[181] Peter J. A. Cusack to Basil O'Connor, Memorandum, April 3, 1943, Re: Negro Organization, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[182] Peter J. A. Cusack to Basil O'Connor, Memorandum, March 23, 1943, Re: Negro contributions, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[183] For information concerning Bousfield and his appointment to the U.S. Army Medical Corps, see John H. McMinn and Max Levin, *Medical Department, United States Army: Personnel in World War II* (Washington: U.S. Government Printing Office, 1963), p. 320 (on-line at

With time running out to prepare for the inclusion of black Americans in the 1944 fundraising campaign, O'Connor remained open to other proposals. Fundraising director D. Walker Wear suggested that advice be sought from New York Assistant District Attorney and black American Francis E. Rivers. He believed that Rivers would be an excellent candidate to help spur activity, since he served as an advisor to New York Governor Thomas E. Dewey and had considerable experience in national affairs.[187]

<http://history.amedd.army.mil/booksdocs/wwii/personnel/ chapter10.htm>, last viewed October 2007); Darlene Clark Hine, "Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890-1950," *Journal of American History*, 89, 4 (2003): 1279-1294; Charles Herbert Garvin, "The Negro in the Special Services of the U. S. Army: Medical Corps, Dental Corps and Nurses Corps," *The Journal of Negro Education*, 12, 3, (Summer, 1943), pp. 335-344; Robert J. Parks, "The Development of Segregation in U.S. Army Hospitals, 1940-1942," *Military Affairs*, 37, 4 (Dec. 1973), pp. 145-150.

[184] Dr. M. O. Bousfield to Basil O'Connor, Letter, April 15, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[185] Dr. M. O. Bousfield to Basil O'Connor, Letter, April 15, 1943, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[186] Bynum made a brief retrospective analysis of Eckford's plan, including reasons for its lack of enthusiasm. See Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[187] D. Walker Wear to Basil O'Connor, Memorandum, September 8, 1943, Re: Negro Activity, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program

However, since Wear's plan required NFIP officials to return to the lengthy process of meetings, proposals, and debates, O'Connor opted for another year of the status quo, which he knew would not risk rousing white volunteer resentment.

In spite of NFIP officials' unsuccessful efforts at devising a national interracial fundraising program for the 1944 March of Dimes, subtle changes were already occurring at a grassroots level. In response to the expenses incurred by NFIP chapters during the 1943 polio epidemic, in which there were 12,450 reported cases nationally, some white campaign chairpersons in the north and south became motivated to encourage the limited participation of African Americans in fundraising activities.[188] Under this ad hoc system, white volunteers upheld segregated cultural practices. In particular, black volunteers were asked to canvass only within their communities and were excluded from March of Dimes planning committees.[189] Despite their lack of identification with and a full knowledge of the NFIP program, black volunteers wanted to contribute to the cause. In order to contend with the exclusion of the white campaign committee, some African Americans formed unofficial black campaign organizations to coordinate their activities.[190] Although grassroots interracial fundraising efforts remained sporadically organized, the polio crusade was starting to make inroads into black communities.[191]

For NFIP officials, the informal interracial fundraising movement was both a bane and a boon. Its benefits were clear: increased revenue, no national policy needed to be adhered to, no additional resources were required, and each white campaign committee could determine if it wanted to instigate an interracial program. The disadvantages, in turn, were considerable, since the practice of extending participation to African-American communities would remain sporadic and regionally varied, leading to tensions among black volunteers concerning the persistent practice of segregation and a lack of recognition for their efforts.[192] More troubling was the fact that white campaign directors

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Records, MDA. For more information about Francis, see James J. Kenneally, "Black Republicans During the New Deal: The Role of Joseph W. Martin, Jr." *The Review of Politics*, 55, 1 (Winter, 1993), pp. 117-139; "How He Did It," *Time Magazine*, Jul. 5, 1948 <www.time.com/time/magazine/article/0,9171,856054,00.html>, last viewed August 2007.

[188] Very little source material is available at MDA discussing the March of Dimes grassroots movement. This is not surprising, since such a movement would not have been well documented by officials at NFIP headquarters. My evidence for this is based on the later findings of Bynum during a trip in 1945, see Charles H. Bynum to Basil O'Connor, Memorandum, March 5, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945, Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, pp. 7-8.

[189] For evidence that black volunteers were not entitled to chapter membership, see Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[190] For a brief discussion of segregated March of Dimes campaigns in Harris and Galveston Counties, Texas, see Wooten, "The Polio Years in Harris and Galveston Counties, 1930 – 1962," pp. 123-124.

[191] Charles H. Bynum to Basil O'Connor, Memorandum, March 5, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[192] There are hints that some black volunteers were becoming resentful of the lack of appreciation or equality. See "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 1.

in the largest communities with highest potential revenue continued to resist inviting African-American participation. Consequently, during the early 1940s a regionally varied yet segregated grassroots fundraising movement became established in communities across the United States due to a mutual desire among white and black Americans to further the polio crusade.

By 1944, O'Connor was devoting considerable attention to his new role as chairman of the American Red Cross, which he had undertaken upon the request of President Roosevelt.[193] Greater responsibility for the day-to-day management of the Foundation was therefore thrust upon Peter Cusack and Warren D. Coss, who attempted to follow the tried methods set down by O'Connor. As part of a continuous effort to promote the Tuskegee Infantile Paralysis Center among black Americans, Coss lobbied for revisions to the pamphlet, which was by then in short supply and out-of-date. He explained to O'Connor on April 4 that new materials were needed, since "the publicity of Tuskegee [was] inadequate" and "the only available thing" at the time was "the folder prepared two or three years ago."[194] O'Connor agreed but admitted he did not "know anything . . . about Tuskegee," and suggested that Coss consider visiting the facility himself to gather information.[195] Coss turned the matter over to NFIP public relations consultant Dorothy Ducas who requested the input of Tuskegee orthopedic physician, Dr. John W. Chenault. Chenault offered his cooperation and was pleased with the prospect of a revised pamphlet as he had "felt for some time that we needed some new information and a list of the activities."[196] Yet despite Chenault's assistance, momentum to pursue the project declined once the demands of contending with polio epidemics reemerged in the summer of 1944.[197]

A coordinated national effort to reach African-American communities with the March of Dimes developed out of a complex culmination of internal and external circumstances. First, the monetary demands on the Foundation had become critical by 1944 owing to the dramatic incidence of polio, up from 4,033 reported cases in 1942 to 19,029 in 1944. In fact, one specific epidemic that year in Hickory, North Carolina, required the Foundation to allocate approximately $400,000 to treat 454 polio patients (a rate of $881 per capita or 1/30 of their 1944 gross income).[198] The need for other sources of revenue pressed NFIP executives to explore new options and take more risks. Second, the upswing of civil rights lobbying during the Second World War drew attention to the influence of black Americans on national policy and their importance to America's war campaign. Black soldiers incensed by their second-class status serving in segregated units and black workers disillusioned by prejudicial employment practices at home pressured federal and state politicians to address the persistence of racism and the need for equitable conditions. As southern NAACP field secretary Madison Jones explained, the Second World War "caused the Negro to change almost instantly from a fundamentally defensive attitude to one of offense."[199] Aided by white liberals but led by black journalists and union leaders, such as A. Philip Randolph, the so-called "Double-V" program linked African Americans' war against fascism in Europe with racism at home.[200] The publicity generated by these activities not only influenced national organizations and the military but also led to federal concessions, including the Fair Employment Practice Committee established by President Roosevelt in 1941.[201] The precedent created by such coordinated actions helped to normalize the inclusion of black Americans in national programs. Change was also spurred within the Foundation by early 1944 when officials learned of the potential development of a divisive polio fundraising campaign rooted in certain black communities who had become embittered by their lack of recognition and inclusion in the mainstream March of Dimes. In one such case, African-American volunteers in Pittsburgh, Pennsylvania, refused to relinquish funds they had gathered in their community to the local white Allegheny County chapter. It appears that these volunteers intended to send the funds directly to the Tuskegee Infantile Paralysis Center, thereby bypassing the NFIP entirely.[202] For Foundation officials, such an impending development held serious implications, since it could serve as a precedent for a parallel black polio fundraising movement.[203] Now more than ever, the Foundation needed solutions for race relations.

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[193] Jesse O. Thomas, "American Red Cross Services to the Armed Forces," *Phylon* (1940-1956), 6, 3 (1945), pp. 273-276; The American National Red Cross, *American Red Cross Blood Donor Service During World War II, Its Organization and Operation* (Washington, D. C.: The American National Red Cross, 1946).

[194] Warren D. Coss to Basil O'Connor, Memorandum, April 4, 1944, Re: Tuskegee Publicity, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[195] Handwritten comments from Basil O'Connor can be found on Warren D. Coss to Basil O'Connor, Memorandum, April 4, 1944, Re: Tuskegee Publicity, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[196] Dr. John W. Chenault to Dorothy Ducas, Letter, May 8, 1944, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[197] This conclusion is based on reviewing later memorandums, which suggest that NFIP officials did not undertake revisions to the pamphlet in 1944. In addition, 1944 was a major epidemic year for the NFIP, further drawing attention away from race relations.

[198] For details about the Hickory, North Carolina, epidemic, see Oshinsky, *Polio: An American Story*, p. 71.

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[199] Tony Badger, "Fatalism, Not Gradualism: The Crisis of Southern Liberalism, 1945-65," in *The Making of Martin Luther King and the Civil Rights Movement*, edited by Tony Badger and Brian Ward, (New York: New York University Press, 1996), p. 75.

[200] Lester M. Jones, "The Editorial Policy of Negro Newspapers of 1917-18 as Compared With That of 1941-42," *The Journal of Negro History*, 29, 1 (January, 1944): 24-31; Lee Finkle, "The Conservative Aims of Militant Rhetoric: Black Protest during World War II," *Journal of American History* 60, 3 (December 1973): 692-713; Neil A. Wynn, *The Afro-American and the Second World War* (New York: Holmes & Meier, 1976); A. Russell Buchanan, *Black Americans in World War II* (Santa Barbara: Clio, 1977); Charlotte G. O'Kelly, "Black Newspapers and the Black Protest Movement: Their Historical Relationship, 1827-1945," *Phylon* 43, 1 (1st Quarter, 1982): 1-14; Cynthia Taylor, *A. Philip Randolph: The Religious Journey of an African American Labor Leader* (New York: New York University Press, 2006)

[201] Richard M. Dalfiume, "The 'Forgotten Years' of the Negro Revolution," *The Journal of American History*, 55, 1 (June, 1968): 90-106; Allida M. Black, *Casting Her Own Shadow: Eleanor Roosevelt and the Shaping of Postwar Liberalism* (New York: Columbia University Press, 1996), pp. 53-55; Nat Brandt, *Harlem at War: The Black Experience in WWII* (New York: Syracuse University Press, 1996); David M. Kennedy, *Freedom from Fear: The American People in Depression and War, 1929-1945* (New York: Oxford University Press, 1999) pp., 762-770; Darlene Clark Hine, "Black Professionals and Race Consciousness: Origins of the Civil Rights Movement, 1890-1950," *The Journal of American History*, 89, 4 (March 2003): 1279-1294.

[202] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 1. Other evidence of black volunteers bypassing the local white chapter has been found. See Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

Although Cusack and O'Connor appreciated the immediate need to reduce exclusionary practices in the March of Dimes, they were uncertain how to proceed. Many approaches had been proposed and reviewed over the years, but none of them had been deemed entirely satisfactory or risk-free. It was through the Foundation's close association with the Tuskegee Infantile Paralysis Center that a potential solution was brought forward. Chenault, the resident head of the Tuskegee Infantile Paralysis Center, had considerable experience with the expenses associated with polio treatment and knew of the Foundation's need for funds. In May 1944, he wrote to Cusack and explained that since the NFIP was "not getting to the great mass of Negroes" during the fundraising campaign it was "not getting the financial support" that it "should have."[204] To increase fundraising revenue, Chenault advised Cusack to employ "a qualified person to direct and make contacts among Negroes" in the forthcoming 1945 campaign. In particular, he recommended Charles H. Bynum, then assistant to the Tuskegee President, as an ideal person to assist the Foundation.[205] The convergence of civil rights lobbying, a grave financial situation, the demonstrated agency of frustrated black volunteers, and Chenault's suggestion brought the possibility of an executive role for a black American closer to reality.

"A Qualified Person"

Charles H. Bynum came to the attention of NFIP officials in May 1944, at a time when their relations with African-American communities were untenable and the need for more funds was significant.[206] The NFIP required a candidate who would not only be respected within black communities but also had awareness of the political and social climate of the United States, diplomatic skills, and sufficient educational training. Bynum's experiences prior to his employment at the NFIP served to galvanize this unique combination of assets. Born Charles Hudson Bynum II on November 11, 1905, in Kinston, North Carolina, young Charles was raised by African-American parents. His mother Helen (Wooten) Bynum and father Dr. Charles H. Bynum Sr., a practicing black physician, were respected members of the Kinston community.[207] Since his family deemed education an imperative and no high school was open to African Americans in Kinston, Charles was sent to live in nearby Franklinton to attend Albion Academy.[208] Upon completing high school, he entered Lincoln University, Pennsylvania, where he graduated with a Bachelor of Arts degree in 1927, and subsequently he earned a Master of Arts degree from the University of Pennsylvania in 1929.[209]

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[203] The practice of establishing parallel institutions is long-standing in African-American history (this list includes, but not limited to, the National Medical Association, the National Association of Colored Graduate Nurses, National Newspaper Publishers Association, etc.)

[204] Chapter XI, "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 457. Unfortunately, no original memorandums exist in the MODA concerning this interaction between Peter J. A. Cusack and Dr. John W. Chenault. However, adequate and convincing documentation exists by consulting the unpublished internal NFIP histories.

[205] Chapter XI, "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 457.

[206] According to records, 1944 was one of the worst polio years that Foundation officials had yet experienced. For more information about the rising incidence of polio, see Appendix A.

[207] "A Celebration of the Life of Charles Hudson Bynum," Funeral Program, Saturday, April 27, 1996, Dianne H. McDonald private collection, New York. Dr. Charles H. Bynum Sr. was held in high esteem among members of the Kinston, North Carolina community. In fact, Kinston town officials designated

Charles Bynum knew his passion lay in teaching, but the Great Depression combined with the limited employment prospects posed by racism made finding employment and subsisting on a small teacher salary very challenging.[210] Given that white schools and colleges rarely hired African Americans as instructors, Bynum's prospects lay in the parallel all-black educational system, which was frequently understaffed and poorly funded.[211] His teaching career began in 1929 when he was hired by Simmons College in Louisville, Kentucky, as a high school biology instructor. Change came quickly following a meeting in Atlanta when Bynum met the president of Langston University, Zachary T. Hubert, who offered him a college lecturer position for $225.[212] Bynum accepted and relocated to Langston, Oklahoma, where he taught courses in psychology and biology, as well as directed teacher training. Although initially promising, the job became a casualty of cronyism when Bynum learned in 1931 that Hubert had unceremoniously replaced him with another. As Bynum remembered, "I spoke at a high school commencement and learned when it was over that I'd been fired . . . , [the president] put his own man in."[213] He returned to North Carolina, where his father's close friend, Simon Green Atkins of Winston-Salem Teachers College, arranged for a temporary research position.[214]

Bynum persevered throughout these challenges and gained valuable experience as an educator. With limited future job prospects and a desire to earn a doctorate, Bynum applied and was accepted to the University of Minnesota. Experiences in Minnesota revealed to him the complex regional character of race relations in the United States. As he recalled:

Bynum Blvd. and C.H. Bynum Middle School (established in 1958) in his honor. See "C. H. Bynum Elementary School," <http://www.lenoir.k12.nc.us/bynum/>, last viewed February 2008.

[208] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 14.

[209] Laurence Foster, ed., *Lincoln University Alumni Directory*, (Pennsylvania: Lincoln University, 1946), p. 22. See also "Charles Hudson Bynum," Resume, undated [circa 1930s], Dianne H. McDonald private collection, New York.

[210] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 14.

[211] Robert A. Margo, *Race and Schooling in the South, 1880-1950: An Economic History* (Chicago: University of Chicago Press, 1990); James D. Anderson, *The Education of Blacks in the South, 1860-1935* (Chapel Hill: University of North Carolina Press, 1988); Henry Allen Bullock, *A History of Negro Education in the South* (New York: Praeger Publishers, 1970), pp. 110, 180.

[212] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 14.

[213] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA.

[214] Name of president derived from "Charles Hudson Bynum," Resume, undated [circa 1930s], Dianne H. McDonald private collection, New York. For more about S. G. Atkins, see President's Address, North Carolina Negro Teachers' Association, Goldsboro, N.C., November 23, 1927, Speech by Simon G. Atkins, Electronic Edition: <http://www.wssu.edu/NR/rdonlyres/EEFBCF85-E95C-4F0E-BCFD-86CCDBC284D5/0/ sg_atkins_presidential_add.pdf>, last viewed November 2007.

> I asked the University to place me in housing for walking distance because I didn't have any money and a place I could afford. It never occurred to me that I would be placed in anything other than a black home. And they gave me walking distance in a white home and that shocked me . . . .[215]

After contending with Jim Crowism in the South, Bynum was amazed to experience how different regional interpretations of race affected social practices.[216] In spite of his positive experiences in Minnesota, a lack of funds forced him to abandon his doctorate and relocate to Texas, where he retained a high school teaching position at Booker T. Washington High in Dallas and later a college lecturer position at Texas College in Tyler.[217] In Texas, Bynum's career soared. Besides faculty responsibilities, he held administrative positions, including Director of North Texas Extension Schools (1934-1939) and later Dean of Texas College (1939-1942).[218] Between semesters he also attended the University of Southern California at Los Angeles for "further studies and research."[219] In fact, records indicate that Bynum conducted upwards of ten research projects in his early career, ranging from health studies on 42,000 African Americans in North Carolina to educational studies investigating the training opportunities for black Americans in Texas.[220] With over a decade spent educating and researching, Bynum had acquired a remarkably diverse liberal arts background, as well as considerable experience instructing and managing groups of people. Through his peregrinations across the United States, he further developed a national awareness and sensitivity to the effects of regionalism – all key elements to the management of a division within a national health fundraising enterprise.

In addition to his teaching and research duties, Bynum sought to further African American civil rights efforts. Following the approach exemplified by Tuskegee Institute founder and educator Booker T. Washington, Bynum engaged in civil rights activities that were manifested within the existing social system by championing education, nonviolent activism, and interracial cooperation.[221] Bynum's first foray into a number of civil rights projects began when he was teaching in Louisville, Kentucky. He discovered that writers at the *New York Times* had changed "the spelling of Negro from small case 'n' to a capital."[222] Upon inquiry, Bynum learned that Dr. Robert R. Moton, then president of Tuskegee Institute, had requested the alteration, which the *Times* editor duly acknowledged in a March 7, 1930, editorial as "not merely a typographical change . . . [but] an act in recognition of racial self-respect for those who have been for generations in the 'lower case.'"[223] Bynum promoted the movement by lobbying editors of local white newspapers, including those in Kentucky and later in Oklahoma and Texas, to revise their typographical policies to reflect those of the *Times*. Bynum also wrote provocative newspaper columns, first in the *Louisville Courier Journal* then in the *Dallas Express*. Many of his articles dealt with the nature of race relations, including an October 1936 *Express* article in which he condemned African-American officials who had aided in the development of a museum exhibit entitled the Hall of Negro Life as "Uncle Toms" who were complicit in Jim Crowism.[224] Due to his enduring interest in advancing racial equality and personal connections with civil rights organizations, in 1942 Bynum joined the social justice organization, the Commission for Inter-racial Cooperation (CIC), where he served one year as a Field Secretary. Formed in 1919 by white and black community leaders in response to racial violence and lynchings across the southern states, the CIC devoted resources to improving the social conditions of African Americans.[225] Through his experiences in civil rights lobbying, journalism, and interracial field work, Bynum became intimately aware of the manifestations of prejudice and adept at applying measured techniques to incite change. He sharpened his skills as a diplomat, learning the value of mediation to encourage cooperation and understanding on both sides.

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[215] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA.

[216] For a wonderful discussion on the shifting nature and meanings of race, see Barbara Fields, "Ideology and Race in American History," in *Region, Race and Reconstruction: Essays in Honor of C. Vann Woodward*, edited by J. Morgan Kousser and James M. McPherson (New York: Oxford University Press, 1982), pp. 143-177.

[217] "Charles Hudson Bynum," Resume, undated [circa 1930s], Dianne H. McDonald private collection, New York.

[218] "Charles H. Bynum," [Condensed] Resume, undated [circa 1970s], Dianne H. McDonald private collection, New York.

[219] He attended the University of Southern California from 1940 to 1942; see "A Celebration of the Life of Charles Hudson Bynum," Funeral Program, Saturday, April 27, 1996, Dianne H. McDonald private collection, New York.

[220] "Research Projects (unpublished), Charles H. Bynum, II," undated [circa 1940s], Dianne H. McDonald private collection, New York.

[221] Rodney D. Coates, "Social Action, Radical Dialectics, and Popular Protests: Treatment of African American Leaders and Intellectuals by the Press," *Journal of Black Studies*, 30, 1 (Sep., 1999), pp. 85-102; Michael Rudolph West, *The Education of Booker T. Washington: American Democracy and the Idea of Race Relations* (New York: Columbia University Press, 2006); Booker T. Washington, "Tuskegee: A Retrospect and Prospect," *North American Review*, 182 (April 1906): 513-523,

In 1943, Bynum's career shifted once more when he was asked to serve as the assistant to President Dr. F. D. Patterson at Tuskegee Institute in Alabama. Patterson sought the professional support of Bynum because of his exemplary service with the CIC and experience as a college educator.[226] However, it soon became apparent that Bynum and Patterson did not have compatible personalities and consequently were "not getting

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<http://www.netLibrary.com/urlapi.asp?action=summary &v=1&bookid=2011219>, last viewed, August 2007.

[222] "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 14.

[223] Editorial, "'Negro' With A Capital 'N.'", *New York Times*, Mar 7, 1930, p. 20. See also Donald L. Grant, Mildred Bricker Grant, "Some Notes on the Capital 'N,'" *Phylon* 36, 4 (1975), pp. 435-443.

[224] Joseph Michael Phillips, "The File This Time: The Battle Over Racial, Regional, and Religious Identities in Dallas, Texas, 1860-1990." (PhD thesis, University of Texas at Austin, 2002), p. 298.

[225] For more information about the CIC, see Jacquelyn Dowd Hall, *Revolt Against Chivalry: Jessie Daniel Ames and the Women's Campaign against Lynching* (New York: Columbia University Press, 1993); John Egerton, *Speak Now Against the Day: The Generation before the Civil Rights Movement in the South* (New York: Knopf, 1994); Ann Wells Ellis, "A Crusade against 'Wretched Attitudes': The Commission on Interracial Cooperation's Activities in Atlanta," *Atlanta Historical Journal* 23 (Spring 1979): 21-44; Julia Anne McDonough, "Men and Women of Good Will: A History of the Commission on Interracial Cooperation and the Southern Regional Council, 1919-1954" (PhD thesis, University of Virginia, 1993); Ann Wells Ellis, "'Uncle Sam Is My Shepherd': The Commission on Interracial Cooperation and the New Deal in Georgia," *Atlanta Historical Journal* 30 (Spring 1986): 47-63.

[226] "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 2.

along."[227] Chenault became aware of the situation and perhaps thought it best to recommend the well-qualified Bynum to the NFIP instead of seeing the situation at the Tuskegee Institute deteriorate.[228] Bynum's employment at Tuskegee proved to be his launching point to the NFIP.

Patterson sent Bynum to New York City in October 1944 for an interview at NFIP headquarters.[229] Bynum was not entirely sure why he was being considered by the NFIP, as no one told him what was expected of him. When Bynum was asked years later why NFIP officials thought they needed such a position he answered: "the Foundation didn't think so. Actually, no one really knew why I went to the Foundation."[230] Despite an absence of a clear vision for Bynum, he was offered an executive position to commence November 1, 1944. Bynum had become the first African-American executive to be employed by a national health philanthropy.[231]

The First Months of Bynum's Division

After years spent struggling to devise a solution to mounting race relations issues, Foundation officials had taken an important step by hiring Charles H. Bynum as director of "Negro Activities." However, like most national health fundraising organizations during the 1940s, including the American Cancer Society and the National Tuberculosis Association, the NFIP had no experience employing African Americans as senior managers. The employment of Bynum was in many respects an experiment. As the Foundation was the first such organization to hire a black executive, they remained interested in Bynum's guidance on matters of race relations, but were initially unsure how he should function within their structure. The most likely occupational model that officials envisioned for Bynum's directorship was perhaps drawn from President Roosevelt's earlier "Black Cabinet" in which black professionals were assigned responsibilities for entire issues, such Roscoe C. Brown, who directed the National Negro Health Week Movement and served as chief of the Office of Negro Health Work in the U.S. Public Health Service.[232] With no similar organizations to look to for guidance on the matter, NFIP officials permitted Bynum a measure of freedom in defining the function and purpose of his own department. As Bynum remembered: "nobody told me what I was to do. It was just they needed a black."[233] Consequently, Bynum's first months were challenging as he attempted to carve out a niche, build working relationships with fellow executives, and justify his existence.

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[227] "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 4. Sources do not explain the nature of their poor work relations.

[228] Bynum mused in his interview that Basil O'Connor may have asked Dr. F. D. Patterson to recommend someone to work at the NFIP in their proposed division of "Negro Activities." This approach, although possible, does not take into account that Peter J. A. Cusack was the most likely NFIP official to be in communication with Dr. Patterson.

[229] Supporting evidence comes from Bynum's 1988 oral interviews in which he makes reference to the fact that he was interviewed by an "assistant attached to Mr. O'Connor's office." See "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 1.

[230] "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 1.

[231] Research on Bynum's unique status can also be found in "A Celebration of the Life of Charles Hudson Bynum," Funeral Program, Saturday, April 27, 1996, Dianne H. McDonald private collection, New York. It can also be confirmed through internal records of the NFIP. See Nick Bernard to Joe Savage, Memorandum, June 19, 1946, Re: Negro Education In The South, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[232] Roscoe C. Brown, "The National Negro Health Week Movement," *The Journal of Negro Education*, 6, 3, (July 1937), pp. 553-564; Smith, *Sick and Tired of Being Sick and Tired*, Chapter 3.

Throughout November 1944, Bynum set about devising a plan of action and articulating to his fellow executives the objectives of his new department.[234] As he viewed it, his purpose was to encourage greater "participation" among African Americans in the NFIP program by educating them about "the National Foundation story" and "disseminat[ing] general information" about polio.[235] Since Bynum's role was focused on capturing the interest of a racialized group through all possible avenues, he realized his department overlapped with the responsibilities of existing departments, including public relations, chapters, medicine, and fundraising. His activities, therefore, did "not represent a separate entity but [were] an integral part of the program of the National Foundation."[236] To articulate his unique role within the Foundation structure, he sent a memorandum to department heads promising that his actions would not be conducted without their input or consent, since he intended to clear "all functions through the departments to which the activities [were] related."[237] He also explained that in addition to his work at headquarters, which would focus on the "release of continuing general publicity," it was his intension to travel and meet with "important national and state personalities," as well as foster a "liaison service" for community-level race relations.[238] Informed by his earlier field experience with the Commission for Inter-racial Cooperation, Bynum knew that field work in African-American communities would be an imperative to realizing a successful outreach program.[239] Through defining his job description, Bynum astutely negotiated the internal political system, acknowledging his unavoidable redundancy with other departments, while also creating a small power base for his own department. He divided his responsibilities between head office and the field to not only affect policy at headquarters but also forge grassroots support.

Although he was the only black manager in a previously all-white organization, Bynum soon established important working relationships with many headquarters personnel. According to Bynum, public relations director George H. LaPorte and director Warren D. Coss were both "cooperative" and "very helpful."[240] In turn, some of his closest supporters appear to have been female directors or division heads.[241] For instance, when Bynum first arrived, the NFIP Director of Women's Activities, Elaine Whitelaw, extended her welcome and personal support. As Bynum remembered fondly:

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[233] "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 4.

[234] "Bynum Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 3.

[235] Charles H. Bynum to All Department Heads, Memorandum, April 1945, Re: Analysis of Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[236] Charles H. Bynum to All Department Heads, Memorandum, April 1945, Re: Analysis of Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[237] Charles H. Bynum to Basil O'Connor and all Department Heads, Memorandum, November 9, 1944, Re: Program of Negro Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[238] Charles H. Bynum to Basil O'Connor and all Department Heads, Memorandum, November 9, 1944, Re: Program of Negro Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[239] This followed other outreach programs in African-American communities, including those of the Alpha Kappa Alpha sorority in Mississippi. See Smith, *Sick and Tired of Being Sick and Tired*, Chapter 6.

> The first woman that I saw there was Elaine Whitelaw. She didn't know me from Adam and she came to the office I had and said, 'now you don't know me [but]. . . don't let them give you too much to do. Find out what you have to do and don't try to do too much at first. Go slowly and build it up . . . .'[242]

However, establishing a strong rapport with the Foundation's president proved more difficult. Since O'Connor was deeply involved with his duties at the Red Cross, he was unable to offer Bynum much personal mentorship or feedback.[243] His only advice to Bynum made it clear that his division was not to disrupt the momentum of the NFIP by pressing for change without careful consideration. He advised Bynum to "be sure you know what you're doing and think carefully before you make moves . . . or before you make a criticism."[244] Since avoiding risks was important for the Foundation's ultimate success, Bynum had to be sure that his ideas never jeopardized what had already been built. With time, Bynum gradually inspired the trust and confidence of many co-workers, who in turn provided him with the resources to fulfill his pioneering role.

The placement of Bynum's department and the extent of his executive powers were initially the subject of some deliberation at headquarters. At first "Negro Activities" was set at the same hierarchical level as other departments at the Foundation, requiring that he report directly to president O'Connor or to executive secretary Cusack.[245] However, O'Connor soon decided that it would be preferable to move "Negro Activities" out of parity with other departments and place it under the authority of public relations, which was directed by George LaPorte.[246] Although no records point to why this was undertaken, it is perhaps possible that O'Connor was not comfortable ruling on the complex race relations ideas that Bynum was proposing. He may have preferred that Bynum's requests be channeled through another person who could become acquainted with the situation and filter out the issues requiring the attention of the president from those that could be handled by a junior executive. Although this action reduced Bynum's administrative powers considerably, he appears to have successfully negotiated the added layers of bureaucracy.

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[240] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA p. 4.

[241] Between 1944 and 1954, Bynum established close working relationships with Dorothy Ducas, Catherine Worthingham, Elaine Whitelaw, and Sally Lucas Jean.

[242] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA p. 4.

[243] This assessment is based on the recollections in "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA. This also follows O'Connor's overall management style. See Smith, *Patenting the Sun*, pp. 66-68. As well, I studied the extent of memorandums pertaining to "inter-racial activities" and very few originate from O'Connor to Bynum, suggesting that O'Connor only intervened if external or internal criticism warranted his authority. There were also very few references to personal meetings between Bynum and O'Connor. Bynum tended to work through existing department officers instead of meeting directly with O'Connor.

[244] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 5.

[245] Chapter XI, "Part 2: Final Draft, Volume 1, Book 2: National Administration and Policies of the NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 461.

[246] Public Relations Department, Organizational Chart, February 1, 1949, "Organizational Charts, NFIP, 1949-1953," Series 10: Incorporation, Box 10, Medical Program Records, MDA.

Bynum also experienced some remunerative frustrations at the Foundation. Due in part to Foundation officials' apparent uncertainty concerning whether black Americans should have parallel salaries with white Americans, the NFIP's pecuniary investment in Bynum's department remained conservative. Although sources did not disclose Bynum's salary figure, it was purportedly low considering his executive status. Bynum expressed great bitterness concerning this reality and its implicit correlation to his marginalized executive status. As he recalled in an interview:

> I never made any money at the Foundation. I never profited. I didn't know how to ask for money. . . . After I started, I asked for an increase in salary because I really started too low and never did catch up. . . . It was hard for me to make it.[247]

Likewise, the salary for his African-American secretary, Hazel Brooks, was not provided by the Foundation directly but was allocated from a Julius Rosenwald Fund grant.[248]

Although Bynum's first months at the Foundation were filled with challenges and frustrations, he likely understood that staying on to realize the pecuniary needs of the NFIP would also enable him to further civil rights activities and the black health movement. Even though Bynum's executive authority was limited, he had at least some power and the opportunity to influence the national health policy of a major philanthropy. African-American public health physician and educator Dr. Paul B. Cornely once expressed to Bynum that: "you've got a good thing [at the Foundation]. You've got to help them train other black physicians."[249] Like Cornely, Bynum appreciated that with time and determination he could make larger social and health contributions. Through his first months, Bynum successfully defined his role and asserted his intentions to address both the needs of his employer and the needs of African-American people.

Conclusions

Segregation and regionalism characterized the Foundation's early race relations from January 1938 to December 1944. Misconceptions concerning the lessened susceptibility of African Americans to polio kept their afflictions hidden from mainstream medicine. Despite this oversight, the Foundation's acute treatment program led to a significant measure of care for African-American polio patients, including in racially integrated wards in the North, West, and Midwest. Although ward integration initially failed to take hold in most of the South, the difficulty this posed was mitigated by the rarity of polio epidemics during the 1930s. In response to the dearth of convalescent care for black Americans and their exclusion from Warm Springs, the Foundation agreed to establish the Tuskegee Infantile Paralysis Center, which addressed some of the most pressing long-term treatment needs. Through these activities, connections between the NFIP and the all-black National Medical Association were established and sustained.

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[247] Quotation compiled from repeated references to Bynum's salary disappointments in "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, pp. 9, 17, 18.

[248] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 1.

[249] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 12.

In contrast to the improvements realized in the treatment program, the March of Dimes and chapter system remained the exclusive domain of white Americans. The only known exception to this rule, the all-black Tuskegee, Alabama, chapter, was not officially recognized by headquarters despite its active status. When pressure was placed on leaders at headquarters to recognize all-black chapters, they declined to implement the plan as they determined that it would overcomplicate the structure and attract criticism. Although NFIP officials were interested in the financial contributions of black Americans in the March of Dimes, they remained unsure how to facilitate their inclusion in a nation divided along racial lines. Inexperience working with African Americans, assumptions about their culture, and a fear of alienating white volunteers scuttled a number of solutions considered by Foundation officials. Despite the absence of a national fundraising policy, a spontaneous grassroots effort was initiated in some black communities, although this eventually cultivated discontent ascribed to persisting segregated practices and lack of recognition. Due to a desperate need for funds by 1944, an upswing in civil rights lobbying, and concerns over a potential divisive fundraising drive, the Foundation took a bold step to become the first publicly funded health philanthropy to hire an African American to an executive position.

Charles H. Bynum came to the Foundation with an extensive background in education and civil rights lobbying. As a former biology teacher, college dean, and independent researcher, Bynum possessed ambition, strong communication skills, and the respect of many black Americans. His experiences as a journalist and field worker for the Commission for Inter-racial Cooperation further informed his awareness of regionalism and strategies to improve race relations. When Bynum commenced his position as director of "Negro Activities," he built important alliances with his fellow executives and articulated to them his overall objectives. Foundation officials, in turn, allowed Bynum a measure of control in defining his pioneering role. Although reportedly underpaid and faced with the frustration of having his daily activities vetted by others, Bynum realized that the Foundation had granted him a considerable amount of power to not only influence the range of treatment and educational opportunities for black Americans, but also to further the civil rights movement.

Chapter 2:

Charles H. Bynum, National Policy, and Foundation Headquarters, 1944-1954

> For several years, Negro people supported the March of Dimes only because of faith in the Founder of the National Foundation. Then, more support was gained by the establishment of the Tuskegee Institute Infantile Paralysis Center. Now, support is given because the faith in the Founder, as translated into action, is gradually becoming known to and by Negro people.[250]
>
> – Charles H. Bynum

African-American health educator Charles H. Bynum developed an ambitious plan for his department of "Negro Activities" at the National Foundation for Infantile Paralysis (NFIP). At headquarters in New York, he set about improving acute care for black Americans by educating Foundation officials and working with them to press for changes in the hospitalization practices in the South. Likewise, he worked to extend the Foundation's remarkable convalescent care program to African-American polio patients throughout the nation. In following the strategies espoused by advocates of the black hospital movement, he encouraged the diversification of Foundation grants to encompass a range of black hospitals, training centers, and medical schools. He sought the opinion of experts to justify these new expenditures and assisted Foundation officials to navigate an unfamiliar area of philanthropy. Bynum fostered close alliances with the National Association of Colored Graduate Nurses, as well as influential black professionals, such as Dr. Paul Cornely and Dr. Roscoe C. Brown. When plans for the Salk vaccine field trial were announced in 1953, Bynum worked to ensure the inclusion of black physicians and children. To advance the pecuniary needs of the NFIP, Bynum marketed civil rights concepts of identification and integration to black Americans. Although NFIP officials were initially hesitant to support a seemingly divergent marketing plan in black communities, Bynum placated their concerns and received permission to develop a series of special black posters, film trailers, and pamphlets. Further support of black Americans was aroused through the speeches of Basil O'Connor and the testimonials of black celebrities. As the first black American director in a national health philanthropy, Bynum faced a litany of frustrations between 1944 and 1954. Yet due to the support of his personal secretary, wife, and a number of liberal-minded Foundation executives, he met the economic needs of his employer, addressed the lingering disparities in racialized polio treatment, and furthered the African-American medical civil rights struggle.

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[250] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, March of Dimes Archives, White Plains, New York (henceforth denoted as MDA).

Addressing the Black Polio Treatment Disparity

Although racially integrated acute treatment wards for African-American polio patients were available in the North, West, and Midwest, difficulties were encountered extending it to the South.[251] Bynum was already aware of the numerous obstacles, ascribed to differing settlement patterns, cultural practices, state segregation laws, and scarcity of health services available to black Americans.[252] In order to advance the Foundation's program in the South, Bynum first educated NFIP officials about the unique characteristics of the region and the importance of exploring new strategies. Through meetings and memorandums, he explained that the African-American population distribution in the south followed a "rural or rural-urban" pattern and that in some southern counties "there were more Negroes than any other race."[253] Due to prejudiced cultural practices, Bynum warned that polio epidemic "planning [could] not be predicated solely upon the policy of the National Foundation." Since there were "no standard patterns of segregation," Bynum reasoned that the laws of each southern state needed to be carefully considered.[254] Failure to realize these differences could pose "tedious problems," including the failure of certain regions to approve the establishment of integrated polio wards.[255] Bynum's efforts brought attention to the limits of the Foundation's treatment program and the special circumstances that needed to be addressed.

To bring about improvements to acute polio care in the South, Bynum encouraged Foundation executives to restructure their epidemic preparedness program.[256] In March 1946, Bynum advised NFIP medical director Dr. Hart Van Riper that the preparedness program could be strengthened by including African-American representatives at state preparedness meetings. In particular, he recommended that "the presidents of state medical and nurses associations, farm and home demonstration agents, staff members of organized health agencies (public and private), and welfare workers" be invited to attend.[257] Van Riper agreed with Bynum, but evidence suggests that he refrained from including black Americans at these meetings, since he did not want to risk antagonizing white state health officers, physicians, and local volunteers. As a compromise, Bynum requested that Van Riper attempt to "introduce discussion of hospital facilities for Negro infantile paralysis patients" at preparedness meetings in certain southern states, such as South Carolina. He explained that instigating such a discussion and devising solutions to extend unbiased treatment were important, since cultural norms did "not permit hospitalization of Negroes in facilities now closed to them."[258] Although evidence does not reveal whether Van Riper carried out Bynum's suggestion, it is clear that he agreed with the intent.

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[251] For a discussion on "100% observance" of the pledge to provide acute treatment to African-American patients in the north, see Charles H. Bynum to Basil O'Connor, Memorandum, October 15, 1945, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[252] For a discussion on the health realities of black Americans in the south, see Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987); Spencie Love, *One Blood: The Death and Resurrection of Charles R. Drew* (Chapel Hill: The University of North Carolina Press, 1996); Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in American, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

[253] Charles H. Bynum to JLL, Memorandum, January 18, 1945, Re: Preparedness Program, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[254] He expressed particular concern over "South Carolina, Georgia, Mississippi, Florida, Tennessee, and Alabama."

[255] Charles H. Bynum to JLL, Memorandum, January 18, 1945, Re: Preparedness Program, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[256] The epidemic preparedness program was a comprehensive system devised by NFIP officials to improve the quality of care and response time during polio epidemics. Officials held preparedness meetings across the country, funded the training of medical personnel, and maintained equipment depots to supply epidemic regions on short-notice.

Pressure to racially integrate southern polio epidemic preparedness meetings slowly gained momentum once NFIP regional director C. H. Crabtree witnessed and reported the negative publicity and far reaching consequences of this languishing issue. Crabtree became a staunch ally of Bynum in encouraging health officials in South Carolina, North Carolina, Alabama, and Virginia to allow African-American professionals to attend NFIP preparedness meetings. As Crabtree explained:

> Due to racial prejudices and segregation laws in the South, it has been impossible to include the Negro in our state-wide Polio Preparedness Meetings. To me this is indeed a regrettable situation. Only time and proper education can bring about a change in the Southerners' way of thinking. In the meantime, if we are not careful we will lose the support and good will of the Negroes.[259]

Crabtree considered the failure to racially integrate meetings a public relations setback, which could negatively influence the March of Dimes fundraising campaign. He explained to NFIP director West J. Altenburg that he "heard rumblings that we expect [black Americans] to contribute their bit during the campaign but fail to include them in any of our chapter functions" as a major source of dissatisfaction. He further warned that "we cannot expect to receive their continued support without giving proper recognition when it is due."[260] Complementing the line of argumentation that Bynum had expressed earlier, Crabtree set the inclusion of African Americans in the preparedness program as a priority for NFIP officials.

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[257] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, March 8, 1946, "Polio Epidemics, 1940-1948," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA. Interestingly, Bynum requests interracial cooperation from Van Riper two months later. See Charles H. Bynum to Dr. Hart Van Riper, Memorandum, May 21, 1946, Re: Preparedness Meeting, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[258] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, May 21, 1946, Re: Preparedness Meeting, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[259] C. H. Crabtree to West J. Altenburg, Memorandum, June 4, 1946, Re: Negro Preparedness Meeting, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[260] C. H. Crabtree to West J. Altenburg, Memorandum, June 4, 1946, Re: Negro Preparedness Meeting, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Due to Bynum's persistence and Crabtree's warnings, NFIP executives slowly adjusted the southern preparedness program over the years to facilitate the involvement of African-American professionals and improve epidemic care for black polio patients. In 1947, Dr. John W. Chenault of the Tuskegee Infantile Paralysis Center with the assistance of Van Riper and Crabtree established separate all-black epidemic preparedness meetings in states where segregation persisted. In addition, Foundation officials insisted that state officials begin to offer some contingency planning for the acute care of black polio patients in the event of an epidemic. Political pressure from headquarters led to notable improvements in North Carolina. Bynum observed that in 1947 officials "anticipated problems of race in medical care and made adequate preparations for the treatment of Negro patients."[261] When the epidemic struck North Carolina that summer, sufficient contingency plans and working relationships with local state health officials were in place to extend care to African Americans. By 1948, some medical meetings sponsored by the NFIP began to include black physicians. For instance, in Louisville, Kentucky, Bynum observed that "all Negro physicians had been invited to attend" the May conference.[262] At the same time, access to racially integrated acute treatment improved. Economic imperatives combined with pressure from Foundation southern representatives led most southern hospitals by the late 1940s to desegregate wards. As Bynum reflected:

> If there were [black] polio patients in Miami, or in Mobile, . . . I never thought in terms of segregated facilities. There was not a black ward.[263]

In particular, the Jefferson Davis Hospital in Houston, Texas, was reportedly extending care to patients of all races by 1948.[264] Likewise, the admissions policy at the Southwestern Poliomyelitis Respiratory Center, which opened in Texas on November 26, 1951, stipulated that all respirator patients be placed together in the same ward irrespective of "sex, age, race, residence, or financial status."[265] With the assistance of Foundation officials, Bynum helped to improve the acute treatment program in the South. His health activism represented polio as the same problem for all Americans, since the shared humanity of black and white people necessitated an equivalent right to quality care.

Despite a growing awareness among NFIP officials by 1944 that African Americans were vulnerable to polio, the question of racial susceptibility remained unresolved. Medical racism and its effect on mainstream research and practice obscured black Americans from the "clinical gaze," thereby perpetuating the belief that polio was primarily a Caucasian ailment.[266] Studies contradicting this myth, which were conducted a decade earlier by doctors John W. Chenault and Thomas M. Rivers, remained either overlooked or unknown. In fact, it was not until December 1946 that the question of racial susceptibility appears to have emerged at headquarters.[267] During the process of reviewing various NFIP scientific grants, director of research Dr. Harry M. Weaver perused a poliomyelitis study undertaken by doctors Gordon C. Brown and Thomas Francis Jr. which, in part, stated:

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[261] Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[262] Charles H. Bynum to Joe Savage, Memorandum, May 17, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[263] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 6.

[264] Heather Green Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," (PhD thesis, The University of Texas at Galveston, 2006), pp. 124-125.

[265] Wooten, "The Polio Years in Harris and Galveston Counties," p. 142.

> No evidence has been brought forward in favor of racial susceptibility [to poliomyelitis]; on the contrary, the percentage of colored cases of the disease usually approximates rather closely the percentage of the colored population for any particular area.[268]

Weaver, apparently astounded by this finding, wrote to Francis for clarification. As he admitted to Francis: "perhaps I am being rather stupid, but I had been under the impression that most people believed that there was less poliomyelitis among Negroes than whites."[269] Francis responded and assured Weaver that African Americans did in fact have proportionally the same susceptibility to polio as Caucasians.[270] Although this data was reportedly shared with Van Riper, it does not appear to have been disseminated beyond the Foundation's medicine department.[271] The lack of susceptibility data reportedly frustrated Bynum, who once mused whether there was perhaps a possibility that "racial factors" did affect propensity to polio infection.[272] As Bynum once explained to O'Connor in 1948:

> There is need for research to determine whether susceptibility to infantile paralysis varies according to race. Why? A substantial body of professional and lay people are certain there is a lower incidence in infantile paralysis for Negroes than for whites. Research to date gives meager data on this subject.[273]

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[266] For reference to the "clinical gaze," see Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, translated by A. M. Sheridan Smith (New York: Vintage Books, 1975), p. 120.

[267] Dr. Harry M. Weaver to Dr. Thomas Francis Jr., Letter, December 6, 1946, "Racial susceptibility to poliomyelitis, 1946-1947," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA.

[268] Gordon C. Brown and Thomas Francis, Jr., "The Neutralization of the Mouse-Adapted Lansing Strain of Poliomyelitis Virus by the Serum of Patients and Contacts," *The Journal of Immunology*, 57 (1947), pp. 1-10. See also Dr. Harry M. Weaver to Dr. Thomas Francis Jr., Letter, December 6, 1946, "Racial susceptibility to poliomyelitis, 1946-1947," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA.

[269] Dr. Harry M. Weaver to Dr. Thomas Francis Jr., Letter, December 6, 1946, "Racial susceptibility to poliomyelitis, 1946-1947," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA.

[270] Dr. Thomas Francis Jr. to Dr. Harry M. Weaver, Letter, December 10, 1946, "Racial susceptibility to poliomyelitis, 1946-1947," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA.

[271] For Weaver's pledge to share this knowledge with Van Riper, see Dr. Harry M. Weaver to Dr. Thomas Francis Jr., Letter, February 6, 1947, "Racial susceptibility to poliomyelitis, 1946-1947," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA

[272] Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York, p. 6.

[273] Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York, p. 6.

The absence of data debunking the myth that African Americans were somehow less at risk for polio than Caucasians not only increased the challenges Bynum faced in the field but also reinforced the falsehood of "race" as a biological category.[274] Without open discussion, the societal conception that polio was primarily a Caucasian affliction persisted in American society well into the mid-twentieth century.

The availability and quality of convalescent care for African-American polio patients by 1944 lagged well behind those available to white Americans in both northern and southern states. Although the NFIP was providing funding to the Tuskegee Infantile Paralysis Center and a small grant to Lincoln Hospital in North Carolina, hundreds of other all-black institutions remained outside of Foundation patronage.[275] Bynum, already cognizant of these shortcomings, was further motivated to devise a solution due to the lobbying efforts of black hospital and medical school administrators.[276] In September 1945, medical education director Murray C. Brown of the Meharry Medical College in Nashville, Tennessee, informed Bynum that "the basic resources which exist[ed] at Meharry College . . . [had not] been fully explored nor developed."[277] As with many all-black hospitals and medical schools across the United States, Meharry was poorly funded, inadequately supplied, and understaffed.[278] Brown encouraged Bynum to use his position at headquarters to bring awareness of the financial needs of his institution. Bynum appreciated Brown's situation and followed the approach exemplified by advocates of the black hospital movement in championing training opportunities and improvement of separate facilities. In the interim, Bynum considered that the only way to advance convalescent polio care for African Americans was to steadily improve the entire black medical infrastructure, including black hospitals, nurse training programs, and medical schools.

Bynum took the lead in encouraging NFIP officials to reorient and expand their funding programs of black institutions. In June 1945, for instance, he worked with the Director of Women's Activities, Elaine Whitelaw, to seek the "inclusion of Negro women" in a NFIP medical training program.[279] Later in October 1945 he nominated a series of black physicians to receive NFIP fellowships for specialized training in polio treatment.[280] Bynum also educated O'Connor and medical director Van Riper about the "distressing absence of training and experience, and opportunity for training and experience, in physical medicine by Negro physicians and students of medicine."[281] To alleviate these disparities, he recommended that NFIP officials pursue a diversified funding program aimed at several black medical institutions instead of focusing primarily on the Tuskegee Institute.[282] In particular, he advised sponsorship of nurse training schools, as well as of "one or both of the Negro medical schools," including Meharry Medical College and Howard University in Washington, D.C., to enable them to "develop their orthopedic, pediatric, and research services."[283] Bynum warned Foundation officials that sustained largesse to Tuskegee Institute alone reinforced a conception among black Americans "that all Negro victims of infantile paralysis [were] . . . treated at Tuskegee," which was a misleading and negative conception that he was trying to counter.[284] Bynum promised that expanding the NFIP patronage network to include a full spectrum of black institutions would not only improve public relations but also strengthen the national treatment infrastructure in the battle against polio.

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[274] Sandra Soo-Jin Lee, "The Meanings of 'Race' in the New Genomics: Implications for Health Disparities Research," *Yale Journal of Health Policy, Law and Ethics* (2001): 33-75; Barbara Fields, "Ideology of Race in American History" in *Region, Race, and Reconstruction*, edited by J. Morgan Kousser and James M. McPherson (New York: Oxford University Press, 1982).

[275] For information about a $2,400 grant in 1945 to Lincoln Hospital, see Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 21-22.

[276] Bynum was informed about the health disparities through his CIC work as well as by assisting NFIP officials contend with journalistic critiques. In June 1945, Bynum assisted NFIP personnel to establish a scholarship program for black medical social workers in an effort to counter criticism from the black press. See National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5.

[277] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 13-14.

[278] Vanessa Northington Gamble, *Making A Place for Ourselves: The Black Hospital Movement* (New York: Oxford University Press, 1995).

[279] National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5.

To initiate changes in the Foundation's funding policy, Bynum first drew attention to the weaknesses of the Tuskegee Infantile Paralysis Center. Based on his own observations during a visit in 1945, Bynum articulated the view that Tuskegee was poorly managed and inefficient.[285] The nursing program, he explained, did not "justify the per capita educational cost to the National Foundation." In addition, the treatment center was underutilized with only 32 of the 52 beds in use by convalescent black polio patients. The facility was also reportedly "understaffed" and undermined by a litany of administrative conflicts, poor training, and "false economies practiced by the . . . business office."[286] Bynum concluded his critique by appealing to NFIP officials' fiscal conservatism. He calculated that the annual per capita cost for polio treatment at Tuskegee exceeded $3,000 (more than $2,000 above the national average), exemplifying the need for reconsideration of existing funding practices.[287] Although it is possible that Bynum held negative impressions of Tuskegee due to his earlier personality clashes with

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[280] National Foundation for Infantile Paralysis October 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 6.

[281] References to the development of the memorandum from Charles H. Bynum to Dr. Hart Van Riper, Memorandum, March 8, 1946, "Polio Epidemics, 1940-1948," Series 14: Poliomyelitis, Box 15, Medical Program Records, MDA.

[282] Charles H. Bynum to George LaPorte, Memorandum, April 2, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[283] Charles H. Bynum to George LaPorte, Memorandum, April 2, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[284] Charles H. Bynum to George LaPorte, Memorandum, April 2, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[285] Charles H. Bynum to George LaPorte, Memorandum, April 2, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[286] Charles H. Bynum to George LaPorte, Memorandum, April 2, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[287] The cost for treatment and after-care for a patient averaged $900 per year, surpassing the average annual salary at that time. In addition, the equipment needed in special cases, such as respirators, was very expensive, costing between $1,000 and $2,000. For more information, see David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005), p. 65; "President Urges Paralysis Gifts," *New York Times*, Nov. 24, 1941, p. 13; "Thousands Enroll in Paralysis Drive," *New York Times*, Jan. 20, 1938, p. 17.

Dr. F. D. Patterson, his critique appears well founded, since NFIP executives Catherine Worthingham and Dr. Donald W. Gudakunst made similar observations in an earlier report to O'Connor in December 1944.[288] Consequently, the Tuskegee Infantile Paralysis Center during the mid-1940s failed to fulfill the expectations of Foundation officials. By drawing attention to the shortcomings at Tuskegee, Bynum hoped that NFIP officials would broaden their support to include a range of black medical facilities and sponsor training programs for the betterment of black physicians, nurses, and physical therapists.

Bynum recognized that his lack of medical training could undermine how his funding recommendations were perceived by fellow executives. To compensate for this absence of specialized education, Bynum in June 1946 requested that Van Riper temporarily hire African-American physician Dr. Paul B. Cornely to consult with him over four weeks and set out recommendations for funding black medical education and training programs.[289] Bynum likely recommended Cornely, as he was well qualified, experienced, and a firm believer in the black health movement.[290] A graduate of the University of Michigan Medical School in 1931, Cornely became the first black American to receive a doctor of public health in 1934. After completing his academic training, he served in a variety of teaching and administrative roles at Howard University in Washington, D.C.[291] As Bynum explained to Van Riper, a special study with the assistance of Cornely was needed, as no comprehensive data existed on the status of African-American training facilities. Although the African-American head of the U.S. Public Health Service Office of Negro Health Work, Dr. Roscoe C. Brown, already maintained considerable information concerning black health, Bynum probably preferred the development of a custom report under his own supervision. He promised Van Riper that Cornely's report would ultimately enable him to devise:

> 1) a general proposal related to medical care and Negro physicians; 2) practical provisions for continuous relationships with Negro medical and nursing organizations, health agencies and organizations and workers, and health writers and students; and 3) recommend simultaneous developments which the National Foundation might undertake to improve care and treatment of infantile paralysis by Negro physicians.[292]

Once armed with Cornely's report, Bynum presumed he would have the credibility, data, and "means to implement and complement health improvement programs and services" for "Negro victims of infantile paralysis."[293] A changing national mood, due in part to Cold War race politics and the Hill-Burton Act (also known as the Hospital Survey and Construction Act), passed by Congress that year as a nominal step towards addressing the hospitalization needs of African Americans, perhaps provided a new level of impetus for Foundation officials to investigate the health needs of minorities.[294] With Van Riper's subsequent approval, Bynum arranged for Cornely to receive a $500 honorarium to complete his report with $180 allocated for additional expenses.[295]

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[288] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 48-49.

[289] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, June 1, 1946, Re: Dr. Paul Cornely, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[290] Smith, *Sick and Tired*, p. 81.

[291] For more information about Dr. Paul Cornely, see Edward H. Beardsley, "Desegregating Southern Medicine, 1945-1970," *International Social Science Review* 71, 1 (2001): 37-54; "Special Feature: A Pioneer in Public Health," *The Black Young Professionals' Public Health Network*, 1, 2 (Fall 2005): 1-2.

[292] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, June 1, 1946, Re: Dr. Paul Cornely, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

The resulting thirty-five-page study completed on August 9, 1946, was a fusion of Bynum's own agenda and Cornely's vision for NFIP patronage of black medical institutions and professionals.[296] Cornely first asserted that "professional relations between the National Foundation and Negro professional organizations and schools" should be given more attention as over 3,810 black physicians provided "the medical care for the greater portion of the 13 million Negroes" in the United States. He advised that greater cooperation be sought with the black National Medical Association to provide educational symposiums in physical medicine, articles for the *Journal of the National Medical Association* (*JNMA*), and visits to local medical societies, as well as postgraduate clinics. Like Bynum, he called for more funding of Howard University Medical School and the Meharry Medical College to facilitate the expansion of their programs in orthopedics and pediatrics. The second section of Cornely's report recommended developing a special catalog – or mailing list "of all Negro medical and health personnel" for the provision of timely information to physicians. In the final section, Cornely set out "additional suggestions," among which was the appointment of a black physician to the NFIP Medical Committee, commissioning racial incidence studies for polio, and holding conferences for national groups "serving Negroes." Although Cornely advised contacting the National Association of Colored Graduate Nurses (NACGN), his report remained primarily attentive to the needs of black male physicians. Bynum's influence is also evident in Cornely's report by the specific discussion of the sponsorship of teacher training and the diversification of grants beyond Tuskegee. In fact, the Tuskegee Infantile Paralysis Center was mentioned in the report only in passing. Bynum was therefore able to utilize Cornely's report to add authority to his plan of broadening the NFIP program.

The Foundation's acceptance and interpretation of Cornely's report met with mixed results. In particular, the process of determining where and how to dispense funds beyond Tuskegee appears to have frustrated some NFIP committee members, who preferred the conventional method of concentrating capital at one hand-picked facility instead of disseminating funds widely. Bynum therefore played an important liaison role in advocating the needs of black institutions while guiding Foundation officials in their expanding medical patronage.

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[293] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, June 1, 1946, Re: Dr. Paul Cornely, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[294] For a discussion on the Hill-Burton Act, see David McBride, *Integrating the City of Medicine: Blacks in Philadelphia Health Care, 1910-1965* (Philadelphia: Temple University Press, 1989); Beardsley, *A History of Neglect*, pp. 36, 176, 183, 184.

[295] Charles H. Bynum to Carolyn Kingdon, Memorandum, June 13, 1946, Re: Dr. Paul Cornely, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[296] Dr. Paul Cornely, "Report of the Consultant to the Director of Inter-Racial Activities," Report, August 1946, Dianne H. McDonald private collection, New York.

Bynum's first test came in August 1946 when Van Riper encouraged administrators of Meharry Medical College to apply for the amazing sum of $1,100,000, which was assured to be "unconditionally approved" by the NFIP.[297] Although this proposed endowment revealed an increasing openness to diversifying support beyond Tuskegee, Bynum considered the nature and timing of the grant perilous. In a memorandum to Van Riper, Bynum cautioned that such a hefty grant would not only discourage applications from other black institutions but also "create the impression that the National Foundation endorsed" the "separate but equal" doctrine. Bynum further stressed that the timing for such a grant was inopportune, since the Nashville community was already riled over the proposed conditions governing the Veterans Hospital. Instead, he advised Van Riper and Joe Savage to authorize only a continuing grant to Meharry of $50,000 while fulfilling the requests of other black institutions. However, the credibility of Cornely's report could not insulate Bynum from incredulity, since Van Riper considered the involvement of a lay person in medical decisions an insult. As Van Riper replied:

> Mr. Savage and the Medical Director have spent considerable time in investigating the needs of Meharry Medical College and I believe that I am better qualified to express opinions on medical education than is Mr. Bynum, although he has been known to represent himself in the field as a doctor.[298]

Through his caustic retort, Van Riper called into question the validity of Bynum's assessment. He countered Bynum's assertion that a large grant to Meharry implicitly reinforced Jim Crowism by stating:

> Mr. Bynum's memorandum would seem to imply that it is a function of the National Foundation to be missionaries in support of racial equality. I am not arguing the moral or ethical right of this issue; I am simply stating that it is our function to emphasize that minority groups should have equal opportunities in education, employment, medical care, and all other items quoted in the Atlantic Charter.[299]

Implying that "separate" would eventually evolve into "equal," Van Riper attempted to divest the Foundation and its officers from entering the troublesome debate on the health disparities imposed by decades of living under the consequences of the United States Supreme Court decision in *Plessy v. Ferguson*.[300] In spite of Van Riper's scathing memorandum and preeminence over NFIP medical affairs, Bynum's perspective prevailed.[301] It is not known which NFIP officials were involved in overruling the proposed million-dollar Meharry grant, but it is likely that Bynum convinced other executives, including O'Connor, that Van Riper's plan harbored a series of potentially negative repercussions. Instead, Meharry administrators conceded to three smaller NFIP grants totaling $67,670.[302] Bynum's vigilance and guidance of fellow executives brought the Foundation program further in alignment with the aims of black hospital movement supporters.[303] Bynum, therefore, demonstrated a measure of power over medical and educational policy decisions by appealing not only to fiscal conservatism but also to the insecurity of NFIP officials over issues of race relations.

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[297] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 16-17.

[298] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 16-17.

[299] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 17.

[300] The 1896 *Plessy v. Ferguson* decision upheld racial segregation on interstate railroads and in public places justified on the grounds of "separate but equal." This policy was later overturned by the 1954

Bynum's interest in the allocation medical and education grants combined with Foundation officials' increasing respect for his advice led to notable improvements. By October 1946, North Carolina College was awarded $8,800 by the Foundation to hire four new African-American instructors.[304] In turn, black physician Dr. M. O. Bousfield successfully worked through Bynum and O'Connor to obtain NFIP funding for Provident Medical Associates, an affiliate of Provident Hospital in Chicago, Illinois. NFIP officials granted Provident $50,000 "for the specific purpose of furnishing fellowships to a minimum of five colored physicians in the fields of orthopedics, pediatrics, and neurology."[305] In 1947, 89 black medical professionals were awarded NFIP fellowships, including 41 in physical therapy and 8 in health education. Meharry Medical College and North Carolina College likewise shared $70,000 for the provision of health education and medical training programs.[306] In order to maximize public awareness of the grants, Bynum regularly presented Foundation moneys at special ceremonies attended by the press. For instance, he formally presented Meharry President Dr. M. Don Clawson with three endowments from the Foundation. Coverage of the event was documented by the local newspaper while details were also sent to the Associated Press and United Press news services.[307] By 1954, NFIP medical and educational committees granted a total of

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Brown v. Board of Education ruling. For the *Plessy v. Ferguson* decision, see <http://www.law.cornell.edu/supct/ html/historics/USSC_CR_0163_0537_ZS.html>, last viewed February 2008. See also Charles A. Lofgren, *The Plessy Case: A Legal-Historical Interpretation* (New York: Oxford University Press, 1987).

[301] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 19.

[302] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, p. 19.

[303] For more about the black hospital movement, see Gamble, *Making a Place for Ourselves.*

[304] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 24-25.

[305] Christopher Lasch, "Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 31-32.

[306] Dr. Hart Van Riper to Basil O'Connor, Memorandum, December 5, 1947, Re: Financial aid for Negro Program, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[307] Charles H. Bynum to Joe Savage, Memorandum, July 29, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

$373,865 for the training of 211 black medical professionals.[308] In addition, dozens of black physicians were sponsored to attend the New York Knickerbocker Hospital refresher course, which focused on polio diagnosis and rehabilitation.[309]

However, not all funding requests by black institutions were approved. In fact, it appears that Foundation officials favored programs that provided specific medical training over those that proffered more general public health services. In 1947, NFIP officials rejected a grant to the National Student Health Association, an organization of black college health units.[310] Sources describing reasons for rejecting this grant are unclear, since most decisions on these issues were likely made orally and in private. One of the few written explanations for declining this grant, put forward by NFIP health education advisor Catherine Worthingham, explained:

> The request for assistance to the National Student Health Association covers pretty much the same category as the one we had from the Negro Nursing Association, which you will remember we refused. . . . I realize there is justification for their attempt to push this program through their own group, but I don't know how far we should go into it.[311]

Since patient care remained the primary focus of the Foundation, programs that trained medical personnel for polio treatment were viewed favorably.

Although black medical training facilities and education programs benefited from the increased funding, most black hospitals remained outside of Foundation patronage. With the exception of the Tuskegee Infantile Paralysis Center, a number of funding requests from black hospitals were rejected by Van Riper. He explained that such requests were "not warranted," since the Commission on Hospital Care "had adequately surveyed facilities for the care of Negro patients" and already found them sufficient.[312] It is perhaps likely that Van Riper perceived the funding of black hospitals as not only expensive and politically divisive but also better handled by county chapters. In response, some chapters and other philanthropic organizations extended aid to black hospitals and their wards.[313] According to Bynum, lodges of the Benevolent and

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[308] "Negro Winners of Scholarship and Fellowship Awards, 1938 – 1954, National Foundation for Infantile Paralysis Statistical Summary," Internal Report, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[309] Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[310] For more about the National Student Health Association, see Clarence W. Davis, "Health Education Programs in Negro Colleges and Universities," *The Journal of Negro Education*, 18, 3 (Summer 1949): pp. 409-417.

[311] Catherine Worthingham to Dr. Hart Van Riper, Memorandum, October 28, 1947, Re: Mr. Bynum's memo of October 22, "Negro hospital facilities, 1947-1948," Series 12: Medical Program, Box 6, Surveys and Studies Records, MDA.

[312] Dr. Hart Van Riper to Joe Savage, Memorandum, November 17, 1947, Re: Negro Hospital Facilities, "Negro hospital [illegible]lities, 1947-1948," Series 12: Medical Program, Box 6, Surveys and Studies Records, MDA.

[313] "Miscellaneous Facts, 1941-1951," Internal Fact Sheet, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Protective Order of Elks donated "iron lungs" to black treatment centers.[314] In turn, well before the *Brown v. Board of Education* Supreme Court decision, which called for desegregated schooling, some county chapters were financially supporting racially integrated school programs for polio patients. For instance, in May 1948, the Albany, Indiana, school division Superintendent Harry Davidson opened up a special integrated class for disabled white and black pupils through the economic support of the local NFIP chapter.[315] Although it is not known how widespread this type of funding became, it contributed to normalizing the concept of school integration.

Despite Bynum's efforts to broaden the philanthropic reach of the NFIP, he ultimately failed to divest officials from their strong preference for Tuskegee. In fact, Foundation funding of the Tuskegee Institute increased dramatically over this period, at the exclusion of other facilities. Of the $4,050,108 reportedly provided by headquarters to black institutions through 1954, $3,008,246 was allocated to Tuskegee alone.[316] Although Tuskegee remained at the center of NFIP officials' attention, Bynum enhanced the overall polio care program by reorienting funding practices to encompass a range of black professionals and medical training centers.

Medical schools and physicians were not the only focus of the widening net of Foundation sponsorship. Sources suggest that black nurses slowly gained the attention of the Foundation.[317] Among the earliest examples of assistance was an award in February 1946 to the First Orthopedic Nursing Institute, held at the Tuskegee Institute, Alabama.[318] However, it was not until the NFIP forged relations with the National Association of Colored Graduate Nurses (NACGN) by the spring of 1946 that significant improvements in nurse training were realized. Appreciating that African-American nurses played a critical role in the provision of polio care, Bynum worked throughout his tenure to cultivate relations between the NFIP and black nurses.[319] In May 1946, Bynum attended the annual NACGN convention in Philadelphia where he met with leading officials, such as executive secretary Mabel Keaton Staupers.[320] Subsequent to the convention Bynum arranged for a conference between NFIP officials, including himself, education director Catherine Worthingham, and representatives of the NACGN "for the purpose of exploring areas of cooperation."[321] After the meeting, Foundation assistance was forthcoming, as Worthingham agreed to establish numerous fellowships for black nurses in orthopedics and training opportunities at the New York Knickerbocker Hospital.[322] By 1947, Foundation officials provided training fellowships to 11 black nurses and a special polio education grant of $60,000 to the Tuskegee Nurses Training School. A more extensive grant of $125,000 was likewise awarded in 1948 to Dillard University in New Orleans, Louisiana for nurse education.[323] The alliance between the NFIP and the NACGN not only increased the skills of black nurses but also improved the quality of care available to African-American polio patients.

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[314] Charles H. Bynum to Joe Savage, Memorandum, September 11, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[315] Charles H. Bynum to Joe Savage, Memorandum, May 17, 1948, Re: Field Trip Report, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[316] "Grants to Selected Institutions, 1938 – 1954," Internal Report, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[317] Catherine Worthingham to Dr. Hart Van Riper, Memorandum, October 28, 1947, Re: Mr. Bynum's memo of October 22, "Negro hospital facilities, 1947-1948," Series 12: Medical Program, Box 6, Surveys and Studies Records, MDA.

[318] "Study Paralysis Problems," *Baltimore Afro-American*, February 23, 1946, p. 8.

[319] Charles H. Bynum to Joe Savage, Memorandum, October 28, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[320] For some brief comments about the NACGN convention, see Charles H. Bynum to George LaPorte, Memorandum, May 20, 1946, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For more information about Mabel Keaton Staupers, see Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989).

Although Bynum benefited from many alliances with black medical professionals across the United States, his connection to Dr. Paul Cornely proved to be one of the most important. As a respected member of the black medical community who was not directly affiliated with the NFIP, Cornely served Bynum as an important ally with his endorsement of the NFIP program. Complementing his earlier report, Cornely wrote a number of articles on black health, including a lengthy commentary in the fall 1948 edition of the National Urban League publication, *Opportunity*.[324] The article, entitled "Polio Control – Ten Years on the March," opened with a photograph of 1948 black poster child Joe Willie Brown meeting Basil O'Connor. The photo selected to accompany the article clearly affirmed interracial cooperation and senior NFIP officials' concern for the health needs of African Americans. Cornely prominently addressed the issue of racial susceptibility, asserting in part that African Americans were equally vulnerable to polio as Caucasians. His favorable account of the NFIP acute and convalescent care programs enumerated the numerous grants provided to African-American medical schools and fellowships awarded to black medical professionals and nurses. Explicit reference to epidemic aid for black polio patients was also emphasized. As Cornely explained:

> What was done in Hickory, North Carolina in 1944 and what has already been accomplished at the Tuskegee Institute for Infantile Paralysis are already matters of record. . . . The District of Columbia Chapter has made appropriations to Freedmen's Hospital to aid in the establishment of a polio ward. All told, the fiscal year ending May 31, 1947, the National Headquarters had spent more than $6,000,000 in epidemic aid to supplement chapter funds.

The tone of the article clearly situated the health needs of African Americans as paramount to the NFIP national program. Cornely's articles were both convincing and ostensibly apolitical, which was an important complement to Bynum's information program.

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[321] Charles H. Bynum to Joe Savage, Memorandum, June 19, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[322] For data concerning the sponsorship of black nursing, see Dr. Hart Van Riper to Basil O'Connor, Memorandum, December 5, 1947, Re: Financial Aid for Negro Program, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. See also "Nurses Seek Federal Aid," *Baltimore Afro-American*, June 15, 1946, p. 14.

[323] Christopher Lasch, Chapter XI: Aid to Negro Institutions, 1956," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, History of NFIP Records, MDA, pp. 37-47.

[324] Dr. Paul Cornely, "Polio Control – Ten Years On The March," *Opportunity*, 26, 3 (1948): 111-120.

To bring awareness of the Foundation program to state health workers and physicians not affiliated with the National Medical Association, Bynum utilized the resources of the Office of Negro Health Work in the U.S. Public Health Service.[325] He collaborated with its director, Dr. Roscoe C. Brown, by lending his support for National Negro Health Week activities and by supplying key health articles for the *National Negro Health News* (*NNHN*).[326] Brown's office regularly published Bynum's notices, including information concerning polio epidemic care, fellowships, and the March of Dimes. For instance, a full series of 1947 *NNHN* editions reveal a number of short commentaries promoting NFIP fellowships awarded to black medical professionals in addition to a call for volunteers to aid the March of Dimes.[327] Brown's publication provided Bynum with a cost-effective means to reach a higher proportion of African Americans.

When existence of the prototype Salk polio vaccine was announced in 1953, Bynum worked to ensure that African American children and physicians with the National Medical Association were included in the proposed vaccine field trial. According to medical historian Allan Brandt, the Salk trial was the "largest clinical test using human subjects in the history of medical science."[328] Since the magnitude of the Salk study was immense, due to the 1,829,916 schoolchildren in the first, second, and third grades serving as human subjects, Foundation officials were eager to mobilize black physicians to help administer the vaccine. In November 1953, Bynum set up a joint meeting with NFIP public relations director Edward Stegen and various senior representatives of the NMA, including the president, chairman of the board, journal editor, and executive secretary to discuss the Salk "vaccine validation project."[329] Due to the mutual interest of attending officials, Foundation medical advisors extended the vaccine study to black schoolchildren and solicited the assistance of black physicians. In turn, representatives with the NMA House of Delegates voted in favor of participating in the field trial and contributed $200 to the March of Dimes.[330] To announce this collaboration, *JNMA* editor Dr. W. Montague Cobb ran a number of scientific articles describing Salk's method and notices encouraging the participation of black physicians.[331] At the insistence of Van Riper, for instance, Cobb reported that he was "happy to run" a recruitment announcement for a vaccine clinic on behalf of the NFIP.[332] By helping to increase cooperation between the NMA and NFIP in the Salk trial, Bynum was able to reinforce the importance of black professionals to the polio crusade.

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[325] For more information about Roscoe C. Brown, see Smith, *Sick and Tired of Being Sick and Tired*, Chapter 3.

[326] For a discussion concerning cooperation on National Negro Health Week, see Charles H. Bynum, Report, April 1945, Analysis of Activities – C.H. Bynum, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

[327] "The 1947 March of Dimes," *National Negro Health News*, 15, 1 (January-March 1947), p. 9; "Negro Professional Personnel Trained in Poliomyelitis Work," *National Negro Health News*, 15, 4 (October-December 1947), p. 24.

[328] Allan M. Brandt, "Polio, Politics, Publicity, and Duplicity: Ethical Aspects in the Development of the Salk Vaccine," *International Journal of Health Services* (1978), p. 264.

[329] Charles H. Bynum to Edward Stegen, Memorandum, November 23, 1953, "National Medical Association," Series 1: National Foundation for Infantile Paralysis, Box 14, Public Relations Records, MDA; Charles H. Bynum to E. M. Wilkins, Memorandum, November 27, 1953, "National Medical Association," Series 1: National Foundation for Infantile Paralysis, Box 14, Public Relations Records, MDA.

[330] Charles H. Bynum to Dr. E. E. Toney (Secretary of the National Medical Association), Letter, March 25, 1954, "National Medical Association," Series 1: National Foundation for Infantile Paralysis, Box 14, Public Relations Records, MDA; Basil O'Connor to Dr. A. M. Townsend (National Medical Association), Letter, March 26, 1954, "National Medical Association," Series 1: National Foundation for Infantile Paralysis, Box 14, Public Relations Records, MDA.

Marketing Identification and Integration

In addition to his role as a lobbyist for the improvement of black health, Bynum also sought to increase March of Dimes revenue within African-American communities. He recognized that one of the primary issues undermining volunteerism and contributions among black Americans was an absence of suitable promotional materials. He consequently set about to develop special marketing aids, which actively promoted civil rights themes of "identification" and "integration." As early as January 1945, he advised Basil O'Connor that each March of Dimes campaign organization needed to be furnished with "materials designed for distribution in Negro communities."[333] However, Bynum's insistence on the development of black-oriented advertising materials was initially met by the trepidation of some senior Foundation officials. In December 1944, he requested that NFIP health educator Sally Lucas Jean authorize the production of a special pamphlet that featured "an appealing picture of a Negro victim for the cover."[334] Bynum provided Jean with a suitable photograph and requested that it be "substitute[d]" for the cover of the existing NFIP promotional booklet. In spite of his request, the pamphlet does not appear to have been forthcoming. Undaunted, in September 1945 Bynum clarified his purpose and articulated his overall vision for marketing the March of Dimes to African Americans. As he explained to public relations director George LaPorte:

> My work can not be done properly without recognition of problems at local levels. This necessitates interpretation of the program and services of the National Foundation in accordance with its pledge, but at the same time giving identification to the Negro. In brief, my interpretation of the National Foundation story employs complementary techniques: IDENTIFICATION and INTEGRATION of the Negro program and services. These techniques may not be separated.[335]

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[331] Editorial, "Salk Poliomyelitis Vaccine Information," *Journal of the National Medical Association* 47,3 (1955): 183-193; Editorial, "Polio Vaccine Trial Needs Physicians' Aid As it Moves Into Evaluation Phase," *Journal of the National Medical Association* 46,5 (September 1954): 366; Dr. Edward Lowry, "Nation-wide Polio Vaccination Study to be Made," *Journal of the National Medical Association* 46,1 (January 1954): 69-70.

[332] Dr. W. Montague Cobb to Dr. Hart Van Riper, Letter, June 28, 1954, "National Medical Association," Series 1: National Foundation for Infantile Paralysis, Box 14, Public Relations Records, MDA.

[333] Charles H. Bynum to Basil O'Connor, Memorandum, March 5, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[334] Charles H. Bynum to Sally Lucas Jean, Memorandum, 1944, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA.

[335] Charles H. Bynum to George LaPorte, Memorandum, September 12, 1945, Re: Campaign Publicity, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA [original emphasis].

Bynum's methodology made it clear that in order for African Americans to perceive the NFIP as worthy of support, the NFIP in turn had to demonstrate that black Americans were visually included in the polio crusade.

Promotional posters had always been important to the Foundation and were likewise important to Bynum. With increasing demands on the NFIP due to the post-war rise in polio epidemics, the publicity department sought to increase fundraising revenue by releasing a national poster featuring a child subject for the 1946 March of Dimes campaign. NFIP officials drew from several earlier examples, including the National Tuberculosis Association and U.S. Government War Bond posters, in their use of vivid colors and dramatic depictions.[336] Unlike these earlier posters, however, the NFIP national poster utilized photography, presenting actual child polio survivors supported by crutches, braces, or a wheelchair.[337] Merging the ravages of polio, the innocence of childhood, and the charity of the NFIP, the new emotionally appealing posters propelled the March of Dimes to new levels of success. Between 1946 and 1954, NFIP officials selected a single national poster child each year and that child was always Caucasian.[338]

Since a white child did not provide African Americans a sense of identification with the polio crusade, on July 19, 1946, Bynum requested that executive secretary Joe Savage and the NFIP publications committee approve the development of a separate poster for use in black schools, theatres, and communities.[339] Bynum envisioned the new poster to be nearly identical to the existing national poster except that the child subject would be an African American. Such an adjustment was necessary, he asserted, "not because of race but because it [was] impossible to demonstrate the validity of [the NFIP] pledge [of equal access to treatment] . . . without visual evidence."[340] He explained that an African-American poster was already being requested by state chairmen and black volunteers in the field who planned to distribute them to the 427 separate black theaters and over 32,000 black schools across the nation.[341] Bynum assured Savage and the committee members that his proposed poster would not be "a special appeal to a racial group" but a complement to the overall campaign. The availability of the special black poster, he reasoned, would also serve to stimulate white volunteers to increase their cooperation with African Americans at a grassroots level. In particular, he envisioned that when NFIP officials unveiled the black poster during regional, state, and local pre-campaign meetings, white volunteers would see the "importance of broadening the organization [and] contributor base." Bynum perhaps appreciated that images of black children would also be valuable in helping to break down prejudices among some white Americans. Bynum cited 14 national organizations that he claimed already employed such materials, including the YMCA, the National Tuberculosis Association, and the United States military.[342] Through his ambitious proposal, Bynum compelled NFIP officials to evaluate their national poster campaign in reference to race relations.

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[336] Robert K. Merton, *Mass Persuasion: The Social Psychology of a War Bond Drive* (New York: Harper & Brothers, 1946); Jarvis M. Morse, *Paying For a World War: The United States Financing of World War II* (Washington: U.S. Savings Bonds Division, 1971); Lawrence R. Samuel, *Pledging Allegiance: American Identity and the Bond Drive of World War II* (Washington: Smithsonian Institution Press, 1991); Barbara Ward, ed., *Produce and Conserve, Share and Play Square* (Portsmouth: Strawbery Banke Museum, 1994); "Introduction to Savings Bonds," <http://www.treas.gov/offices/treasurer/savings-bonds.html>, last viewed September 2007.

[337] Although the NFIP began to use posters as early as 1942, they did not utilize the concept of a photographed national poster child until 1946. David W. Rose, *March of Dimes Polio Poster Children (1942-1959)*, (March of Dimes Archives: December 28, 2004), p. 1.

[338] For more about the use of polio poster children, see Nancy Tomes, "Celebrity Diseases," in *Medicine's Moving Pictures: Medicine, Health, and Bodies in American Film and Television,* edited by Leslie J. Reagan, Nancy Tomes, Paula A. Treichler (Rochester: University of Rochester Press, 2007), p. 49.

[339] Charles H. Bynum to Joe Savage, Memorandum, July 19, 1946, Re: Publications Committee, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[340] Charles H. Bynum to Joe Savage, Memorandum, July 19, 1946, Re: Publications Committee, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

[341] Charles H. Bynum to Joe Savage, Memorandum, July 19, 1946, Re: Publications Committee, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

In spite of Bynum's enthusiasm, members of the Foundation publications committee were initially reticent to approve a black poster. They believed a special poster might mislead volunteers and suggest a division in fundraising. In an effort to rationalize their trepidation over Bynum's plan, as well as to explore existing advertising norms at the time, committee members authorized NFIP public relations assistant Nicholas Bernard to investigate other national organizations' advertising practices for minorities. On July 23, 1946, Bernard reported that although the National Tuberculosis Association and Boy Scouts did in fact use separate posters for African Americans in "certain territories," most national organizations, including the American Cancer Society and the YMCA, "did not use a poster devoted exclusively to the Negro race."[343] Bernard's findings minimized the need to develop a special poster and also implied that Bynum's earlier assertions about advertising practices were misinformed. In addition, Bernard claimed that the majority of national organizations "all [felt] the same way in regards to segregation and [did] not desire to make an issue of it."[344] Although Bynum never directly linked segregation to his proposed poster, Foundation officials believed the correlation to be highly symbolic. For committee members, the only method to avoid confusing volunteers or drawing attention to racial divisions in American society was to claim that the Caucasian child was universal and represented all Americans irrespective of their "race, creed, or color."[345] The publications committee, consequently, decided that the development of a separate poster for African-Americans "would not be good public relations" as they believed it would imply that there were "two campaigns – one for Negroes and the other for whites."[346] Instead of permanently dismissing the poster idea, however, the committee issued a counter-proposal. George LaPorte advised Bynum to bring the matter up again the following year and consider the prospect of a poster depicting "a group of children, both Negro and white" instead of "only Negro children."[347] Although appearing to be a compromise, the alternative approach failed to address that the official national March of Dimes poster would continue to feature only a white American child while the prospective poster for Bynum would be multiethnic.

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[342] Charles H. Bynum to Joe Savage, Memorandum, July 19, 1946, Re: Publications Committee, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

[343] Nicholas Bernard to George LaPorte, Memorandum, July 23, 1946, Re: Mr. Bynum's Request for Posters, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[344] Nicholas Bernard to George LaPorte, Memorandum, July 23, 1946, Re: Mr. Bynum's Request for Posters, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[345] For quotation, see National Foundation for Infantile Paralysis, "1952: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, pp. 78-79.

[346] George LaPorte to Charles H. Bynum, Memorandum, July 24, 1946, Re: Poster and Christmas Card, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Bynum neither shared committee members' fears nor accepted their compromise.[348] Instead, he continued to seek approval for a black poster, as he knew that demands in the field were increasing with the approaching 1947 March of Dimes drive.[349] In fact, county chairmen and black volunteers in Cook County, Illinois, and Wayne County, Michigan, had already developed their own posters for an African-American audience.[350] By November, Bynum's determination to launch his idea reached a climax when his proposal reached the desk of senior Foundation fundraising advisor D. Walker Wear. Wear was appalled at Bynum's suggestion and wrote a memo to O'Connor expressing his exasperation. As he explained

> I never heard of the matter [of African-American March of Dimes posters] until the other day when it came to me from publicity and I said 'no.' It was generally felt that we should not deviate from one standard child . . . through the program. We even considered a group of children showing several nations which has been done by other organizations but the answer was always 'no.'[351]

Wear followed the earlier convictions of publications committee members in articulating that the "one standard child" representing all Americans would continue to be Caucasian. It was perhaps possible that Wear considered America a white nation and if multiethnic or multicultural representations needed to be depicted, they could only be rendered through children of other "nations." Foundation officials' concern over alienating white supporters with special marketing materials was evidently sufficient to warrant caution. Furthermore, since Wear likely followed his earlier belief that African-Americans were not "charitably inclined," he could not condone such an economic investment "to meet the few situations where the negro poster could be used," which he believed was limited to the southern states.[352] Although Wear acknowledged that northern counties in Michigan and Illinois had devised their own separate black posters, he apparently did not perceive how this grassroots response challenged his assumption concerning a primary demand for the poster in the South. Despite his personal rejection, Wear accepted that if a special poster had to be developed Bynum should only be entitled to request copies of the locally inspired posters "where the initial costs [had] been absorbed" by the county chapter. Such a compromise limited the financial risk posed to headquarters while still allowing an opportunity for Bynum to prove the validity of his concept.[353]

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[347] George LaPorte to Charles H. Bynum, Memorandum, July 24, 1946, Re: Poster and Christmas Card, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[348] D. Walker Wear to Basil O'Connor, Memorandum, November 21, 1946, Re: Special Negro Poster, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[349] Evidence of pressure from the field can be found in Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 8.

[350] D. Walker Wear to Basil O'Connor, Memorandum, November 21, 1946, Re: Special Negro Poster, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[351] D. Walker Wear to Basil O'Connor, Memorandum, November 21, 1946, Re: Special Negro Poster, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Although releasing a black poster concerned officials, the financial needs of the Foundation by 1946 warranted the serious consideration of new marketing strategies. With the death of President Roosevelt in 1945, movie houses across the nation abandoned collections for the March of Dimes and instead provided a lump sum to the United Way and $30,000 per year to the Foundation.[354] As theaters had collected nearly $8 million for the polio crusade in 1945 (approximately 44% of the Foundation's gross revenue), their desertion represented a critical loss.[355] Furthermore, 1946 proved to be the worst year for polio that Foundation officials had yet experienced with 25,698 reported cases. Due to economic imperatives, O'Connor followed Wear's compromise by authorizing an order of 3,000 copies of the existing Cook County black poster for national distribution.[356] Through months of lobbying, Bynum had achieved a victory.

The special black posters proved to be a boon for the March of Dimes over the years. To facilitate their development, Bynum traveled to different hospitals and treatment wards searching for suitable candidates to serve as poster children.[357] Foundation officials remained satisfied with the results, but their circumspect policies on printing and selection of candidates inadvertently reinforced differences. For instance, in seeking to keep expenses for printing low, NFIP officials stipulated black posters to be dimensionally smaller (9¾ x 13¼" vs. 19 x 25" for the national white poster) and printed in fewer colors (4 colors vs. full color for the national white poster).[358] Through such practices, NFIP personnel implicitly situated the black poster as somehow less important than the white national counterpart. As well, between 1947 and 1954, the selection of black poster children, with some exceptions, appears to have favored light-skinned candidates.[359] Either members of the publications committee preferred subjects with lighter skin tones or Bynum believed such children held wider appeal to both black and white viewers.[360] Although the black polio posters subtly reinforced conceptions of whiteness as an ideal, for the first time African Americans were visually represented in advertising as authentic polio survivors.

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[352] D. Walker Wear to Mr. Stone, Memorandum, October 14, 1942, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; D. Walker Wear to Basil O'Connor, Memorandum, November 21, 1946, Re: Special Negro Poster, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[353] D. Walker Wear to Basil O'Connor, Memorandum, November 21, 1946, Re: Special Negro Poster, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[354] Oshinsky, *Polio: An American Story*, p. 80.

[355] Oshinsky, *Polio: An American Story*, p. 69.

[356] Charles H. Bynum to Joe Savage, Memorandum, February 4, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

[357] For an example of his hospitals tours in search of a "suitable model," see Charles H. Bynum to Joe Savage, Memorandum, November 13, 1947, Re: Fieldtrip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[358] For dimensions and number of colors of white poster, see National Foundation for Infantile Paralysis, "1954: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records; MDA, p. 75. For dimensions and number of colors of black poster, see Ibid., p. 77. It was not until 1956 that the black and white posters become equal in size and number of colors. See National Foundation for Infantile Paralysis, "1956: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, pp. 70-71.

Foundation officials soon encouraged March of Dimes campaign organizations to purchase and utilize Bynum's black posters. This practice was not only undertaken during pre-campaign rallies but also promoted in campaign booklets distributed across the nation. As with earlier practices, the guidelines for poster utilization also reinforced difference. For example, the white national poster was purported to be best utilized in "hotel lobbies, railroad stations, bus terminals, public buildings, clubs, department and chain stores, post offices, etc.," whereas the black poster was "recommended for use in Negro neighborhoods" or "areas where there [was] a large Negro population."[361] Such rhetoric implied that black posters were not suitable in the supposed mainstream public space. In turn, the campaign guide provided no background information about the white poster child due to their celebrity status ascribed to high profile publicity in major newspapers and magazines.[362] In contrast, a specific background case study regularly accompanied the African-American poster description, complete with the circumstances surrounding their illness, treatment, and recovery.[363] Although the added detail served to humanize the subject, it also reinforced the secondary status of black poster children due to their invisibility to the white press and overall lack of recognition. Yet, despite the emphasis on difference in the campaign guides, the very acknowledgement and pressure to utilize black fundraising materials served as a considerable step in reinforcing African Americans as an important part of the polio crusade.

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[359] Gregg Mitman, "The Color of Money: Campaigning for Health in Black and White America," in *Imagining Illness: Public Health and Visual Culture*, edited by David Serlin (Minneapolis: University of Minnesota Press, forthcoming 2009).

[360] For a great discussion of how African-American culture contends with and at times accepts the ideal of whiteness (or at least preferences for light-skin), see Sara Lawrence Lightfoot, *Balm in Gilead: Journey of a Healer* (New York: Addison-Wesley Publishing Co., 1988). See also Onnie Lee Logan, Katherine Clark. *Motherwit: An Alabama Midwife's Story* (New York: E.P. Dutton, 1989). For a great analysis of whiteness studies, see Peter Kolchin, "Whiteness Studies: The New History of Race in America," *Journal of American History*, 89 (2002) 154-73. See also Mitman, "The Color of Money."

[361] National Foundation for Infantile Paralysis, "1954: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, p. 75; National Foundation for Infantile Paralysis, "1952: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, p. 79.

[362] There are numerous newspaper articles discussing the white poster children. For *New York Times* coverage, see "We'll Be Seeing a Lot of This Young Lady," *New York Times*, Oct 17, 1946, p. 24; "Poster Girl for 1947 March Of Dimes," *New York Times*, Jan 10, 1947, p. 23; "March of Dimes Date Set; Poster Child to Open Campaign for Funds Here Jan. 15,"*New York Times*, Jan 5, 1948, p. 21; "Polio Poster Girl' Here for Big Drive; Kentucky Child, Recovered From Disease, to Open March of Dimes Tomorrow," *New York Times*, Jan 14, 1947, p. 31; "Poster Child for the 1948 March of Dimes Fund Campaign," *New York Times*, Dec 15, 1947, p. 21; "Boy, 12, On Polio Poster; New York Victim of Disease Selected for Campaign," *New York Times*, Nov 22, 1950. p. 17; "Truman Meets Polio Poster Boy," *New York Times*, Jan 13, 1951, p. 6; "The 1952 March of Dimes Poster Child," *New York Times*, Nov 29, 1951, p. 16.

[363] National Foundation for Infantile Paralysis, "1951: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, p. 85; National Foundation for Infantile Paralysis, "1952: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, p. 78; National Foundation for Infantile Paralysis, "1954: Campaign Guide," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, p. 76.

Bynum's posters represented a civil rights triumph by making black Americans visible to mainstream society and by visually countering the societal myth disassociating polio with African-Americans. In addition, the posters represented African-American polio patients in parity with white polio patients by demonstrating similar needs and socio-economic status. For instance, the 1952 posters of Emma Pearl Berry (black) and Larry Jim Gross (white) showed nearly identical costuming and a distinctly middle-class representation. In such cases, Bynum reinforced parallels between black and white children, which demonstrated the irrelevance of race as a meaningful category. Symbols of racial integration slowly entered Bynum's polio posters. For example, the Randy Donoho poster (1953) depicted an African-American nurse caring for a white polio patient and the James Clark Allen poster (1955) showed an African-American physician injecting Salk's polio vaccine into a white child.[364] In both cases, black professionals were situated in positions of trust providing care to white children. Through these posters, Bynum effectively challenged the notion of Caucasians as the universal American subject while implementing techniques to improve interracial cooperation at both headquarters and at the grassroots level. Due to their wide distribution and popularity, the black posters led to a sizable increase in donations. According to black campaign workers, their use increased contributions in some areas "up more than 400%."[365]

To complement the special poster, Bynum helped Foundation officials develop a new promotional pamphlet series. Ever since the opening of the Tuskegee Infantile Paralysis Center in 1941, NFIP personnel distributed and periodically revised publications promoting the facility.[366] However, by the late 1940s Bynum was no longer in favor of the Tuskegee publication as he believed it too narrow and not representative of the Foundation's larger interracial program. Bynum convinced NFIP officials, including health educator Sally Lucas Jean and public relations executive Dorothy Ducas, to end the production of the Tuskegee booklet in favor of developing a new series of pamphlets.[367] Through these innovative periodicals, Bynum and publications committee members moved beyond the black-white visual depictions to encompass representations of other racialized groups. For instance, the 1952 "You Can Help Too" pamphlet featured an African-American poster child smiling cheerfully supported by crutches and a leg brace.[368] Unfolding the brochure revealed six images of patients from various racialized groups undergoing polio rehabilitation and each picture denoted the cost of the treatment in dimes. One image portrayed a Caucasian nurse caring for a Latino child at the designated cost of "143 dimes per day," while another evidenced an African-American nurse tending to a white child encased in a respirator with a price tag of "15,000 dimes." The final pages of the brochure, primarily text, espoused the nature of the NFIP treatment program, accentuating hope through scientific research and care devoid of racial bias. Over subsequent years, Bynum and publications committee officials were able to release additional brochures following similar interracial themes. Through these innovative publications, Bynum was not only granted a considerable measure of editorial influence but also successfully constructed a powerful message that African Americans were an important part of the polio story as benefactors, patients, and medical professionals.

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[364] See Appendix A for a complete listing of African-American polio posters.

[365] Charles H. Bynum to Joe Savage, Memorandum, March 7, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[366] A series of revisions to the Tuskegee booklet were undertaken in 1945 and 1946. See Charles H. Bynum to Mr. Englehardt, Memorandum, October 7, 1944, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Sally Lucas Jean to Charles H. Bynum, Memorandum, December 22, 1944, Re: Publication No. 32, "Tuskegee Institute Reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, MDA; National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5.

[367] For evidence that the Tuskegee booklet was stopped, see Sally Lucas Jean to State Representatives, Memorandum, April 3, 1950, "About Polio (African-American Audience)," Series 7: Poliomyelitis, Box 2, Media and Publications Records, MDA. For more information about Jean and Ducas, see Editorial, "Sally Lucas Jean, Pioneer Health Educator," *American Journal of Public Health*, 61, 11 (November 1971), pp. 2153-2154; Announcements, "Dorothy Ducas Herzog Dies; Reporter, Editor and Author," *New York Times*, September 26, 1987.

To aid in the development of interracial publications, Bynum built up a sizeable collection of photographs featuring African-American polio patients, black fundraising drives, and fellowship winners. From headquarters, Bynum wrote to NFIP regional directors, department heads, as well as state representatives requesting a range of publicity pictures.[369] As Bynum once explained to NFIP regional director Robert Burcaw, "I am particularly interested in pictures of patients and Negro participation through professional and volunteer services."[370] Foundation field workers were cooperative and provided Bynum with a steady supply of photographs for use in publications and press releases.

In an effort to increase interracial cooperation, as well as African-Americans' awareness of the NFIP treatment and training programs, Bynum embraced the latest technology, including motion pictures. This approach followed similar efforts undertaken by private and governmental agencies to inspire and educate citizens about emerging public health practices.[371] One of his first film projects was conducted in conjunction with women's activities director Elaine Whitelaw and inspired by their mutual desire to increase the participation of African-American women in the March of Dimes. Together, Whitelaw and Bynum aided the Radio and Film department to produce the 1951 March of Dimes campaign training film *Mother's March on Polio*.[372] Although primarily focused on the campaign organization of white neighborhoods, one scene clearly depicted the organization of African-American women by white women campaign organizers. Through the incorporation of footage highlighting interracial cooperation in fundraising, Bynum and Whitelaw were able to construct visual support for the practice.

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[368] National Foundation for Infantile Paralysis, "You Can Help Too," Brochure, October 21, 1952, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[369] For an example of requesting assistance from a division head, see Charles H. Bynum to Dorothy Ducas, Memorandum, August 25, 1952, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[370] Charles H. Bynum to Robert Burcaw, Memorandum, July 11, 1952, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[371] Reagan et al., *Medicine's Moving Pictures*.

[372] *Mother's March on Polio*, National Foundation for Infantile Paralysis, DVD (1951; New York: March of Dimes Archives, 2006).

Understanding the value of film to convey powerful messages, Bynum continued to work with the Radio and Film department to develop a series of trailers – or short motion pictures – that "emphasize[d] the Negro in the service program of the National Foundation."[373] Trailers featuring African-Americans were frequently requested by "staff, volunteers, and National Foundation supporters," since by the late 1940s and early 1950s there were hundreds of segregated black movie theatres across the United States actively soliciting for the March of Dimes whose "patrons criticize[d] the [white] trailer for the absence or limited use of Negro subjects."[374] In order to appease black audiences and increase donations, Bynum released *Dime Power* in November 1954 in the wake of the gamma globulin (GG) and Salk vaccine field trials.[375]

The production of *Dime Power* was, in many respects, pioneering in its attention to African-American medical professionalism, care for multiple racialized groups, and interracial cooperation. In purported celebration of the various NFIP field trials, the trailer opened with footage of a Tuskegee Institute laboratory and African-American scientists dramatizing their research activities.[376] Such imagery linked Tuskegee's role in the Salk vaccine discovery with the NFIP sponsorship of the facility. In addition, scenes from the field trials were incorporated, portraying black and white medical professionals working together to administer injections to African-American children. Such imagery not only suggested that black Americans were included in the polio crusade but also that the Foundation's research program encouraged mutual respect and professionalism devoid of racial bias. Although scenes depicting school segregation existed in the film, producers managed to maintain the optimistic momentum by shifting focus to playing or smiling children. Attention to the health needs of other racialized groups was also punctuated. One scene depicted Dr. Jonas Salk injecting his vaccine into a Japanese-American child and another revealed vaccine administration in Native American communities.[377] By combining these visual examples, Bynum was connecting the

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[373] Charles H. Bynum to State Representatives (Regions II and V), Memorandum, November 19, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[374] Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to State Representatives (Regions II and V), Memorandum, November 19, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For a brief announcement of an NFIP trailing being shown to black patrons, see "Polio Film Shown," *Baltimore Afro-American*, December 28, 1946, p. 15.

[375] *Dime Power*, National Foundation for Infantile Paralysis, DVD (1954; New York: March of Dimes Archives, 2007).

[376] For more discussion of Tuskegee's role in the production of HeLa cells, see Russell W. Brown and James H. M. Henderson, "The Mass Production and Distribution of HeLa Cells at Tuskegee Institute, 1953–55,"*Journal of the History of Medicine and Allied Sciences* 38,4 (1983):415-431; Naomi Rogers, "Race and the Politics of Polio: Warm Springs, Tuskegee, and the March of Dimes," *American Journal of Public Health* 97,5 (May 2007): 784-795.

[377] For a contemporary discussion of Native American civil rights, see New Mexico Advisory Committee to the United States Commission on Civil Rights, *The Farmington Report: Civil Rights for Native Americans 30 Years Later* (New Mexico State Advisory Committee, November 2005), Online at <http://www.usccr.gov/pubs/ 122705_FarmingtonReport.pdf>, last viewed September 2007. In addition, there were many cases of polio among Japanese-American children held in relocation camps during World

African-American civil rights struggle with the civil rights aims of other racialized groups. To maximize emotional appeal, the later portion of the trailer focused on convalescent polio treatment. Not only were black Americans shown receiving physiotherapy and specialized nursing care, but also Latino children, including a scene with young "Pedro . . . developing his muscle power." The emotionally charged final frames portrayed an African-American polio survivor reaching towards the camera as the narrator pleaded "[t]his child still needs you! Don't take your hand away." The message was clear: all children, regardless of how society had constructed ideas of race, shared identical human qualities and health needs. Through this skillfully produced trailer, Bynum fused themes of interracial cooperation, scientific progress, and unbiased treatment to further the pecuniary needs of the Foundation and the goals of the civil rights movement.

Marketing the NFIP to black Americans was also undertaken at a more senior level by mobilizing the direct involvement of Basil O'Connor. Bynum encouraged O'Connor to connect with African Americans by making public appearances and by submitting articles to black newspapers. O'Connor, in turn, appears to have been in favor of such activities as they promised to increase the profile of the Foundation. As a respected lawyer, friend of Franklin D. Roosevelt, and president of the Foundation, O'Connor held a certain cachet among many black Americans. This status was further enhanced through his close affiliation with the Tuskegee Institute, in which he was elected to its Board of Trustees in 1942 and by 1946 chosen as chairman of the Board.[378] O'Connor's interest in Tuskegee and race relations perhaps stemmed from his pragmatism and involvement with social justice organizations. NFIP official Warren Kingsbury once mused that it "probably goes back to O'Connor's initial membership with the National Conference of Christians and Jews and out of that came his interest in Tuskegee Institute."[379] These multiple associations and honors uniquely positioned O'Connor to promote the NFIP and to speak to the important role of African Americans in the battle against polio. His celebrity and involvement with humanitarian causes conferred attention and credibility.

O'Connor worked closely with NFIP public relations official Dorothy Ducas to devise editorials and speeches intended to inspire black audiences. Among the foremost media releases developed for this purpose was "Building Blocks for Tolerance," which was submitted to the black newspaper, the *New York Age*, in September 1946.[380] Ducas and O'Connor crafted the editorial's message to correlate the practices of the NFIP with the advancement of civil rights. Powerfully worded and optimistic, the editorial articulated that the NFIP program established a basis for racial "tolerance" by nurturing cooperation and understanding. As O'Connor asserted:

War II. See Gwenn M. Jensen, "System Failure: Health-Care Deficiencies in the World War II Japanese American Detention Centers," *Bulletin of the History of Medicine*, 73.4 (1999), pp. 620-622.

[378] Victor Cohn, *Four Billion Dimes* (Minneapolis: Minneapolis Star and Tribune, 1955), p. 51. Hazel Brooks to Charles H. Bynum, Memorandum, October 28, [1946], Dianne H. McDonald private collection, New York.

[379] "Kingsbury, Warren – November 13, 1987," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 29.

[380] Basil O'Connor, Editorial, "Building Blocks for Tolerance," September 28, 1946, Series 1: Typescripts, Box 1, Basil O'Connor Papers, MDA.

> It is in organizations like [the Foundation] that the building blocks of tolerance and human equality today are found. The National Foundation is one of many groups in this nation that have discarded the ignoble fetish of race, religious or class distinction, [and] are devoted to serving human beings – crippled, blind, sick, undernourished, illiterate, or poor.[381]

Based on O'Connor's statement, progress was being made in improving civil rights for all Americans at a national level through the efforts of liberal-minded organizations. Equal rights were posited as attainable, but only through persistence could such a utopian ideal become realized. The value of education and group spirit were also championed by O'Connor, since "healthy minds and healthy hearts [were] barren soil for prejudice and hate."[382] It is difficult to know how O'Connor's editorial was received by black readers, although it is likely that many were inspired by its message. The Foundation ultimately derived benefit from O'Connor's personalized editorial, as its very existence publicly demonstrated that senior NFIP leadership was expanding its circle of awareness to include black Americans.

White audiences, too, appear to have been the target of O'Connor's civil rights advocacy. His presentations usually fell short of demanding immediate racial integration but rather upheld the need for patience while evoking empathetic language for the enduring struggle. One of the best examples of O'Connor's perspective was his February 1, 1950, speech for Civil Rights Week.[383] Although the location and audience are not known, a close reading of O'Connor's presentation reveals not only an attempt to articulate the ongoing plight of black Americans but also a discussion of the forces countering progress towards integration. The first portion of the speech was designed to pique the interest of a general audience, since he candidly expressed "how hard it [was], generally, for us to get excited about something that doesn't threaten us individually or immediately," indirectly referring to discrimination. He then endeavored to identify with those who faced such discrimination by posing a number of scenarios. As O'Connor mused:

> Those who have never been barred from a restaurant or a theatre, or kept off a basketball team, or denied entrance to a school because of his color or religion – are not likely to burn with the same fierce resentment and anger as their fellow-student or co-worker who feels the lash of discrimination from the time he leaves his home in the morning, until he returns at night.[384]

Even though "religion" was incorporated to broaden his assessment, it was clear that racialized groups were his primary focus. O'Connor's empathetic statements were distinctly masculinized, as well as harkened to the era of slavery though the invocation of the word "lash." Patience and a resolute belief in equality were for O'Connor the keys to overcoming the "forces . . . seeking to destroy" interracial cooperation.[385] Coming from the president of the NFIP, such rhetoric was clearly valuable to Bynum's department not only in legitimizing the role of black Americans in March of Dimes and chapter organizations but also in normalizing the civil rights movement among white volunteers. O'Connor's apparent appreciation for the public relations strategy of promoting "tolerance" facilitated Bynum's ongoing efforts.

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[381] Basil O'Connor, Editorial, "Building Blocks for Tolerance," September 28, 1946, Series 1: Typescripts, Box 1, Basil O'Connor Papers, MDA, p. 3.

[382] Basil O'Connor, Editorial, "Building Blocks for Tolerance," September 28, 1946, Series 1: Typescripts, Box 1, Basil O'Connor Papers, MDA, p. 3.

[383] Basil O'Connor, February 1, 1950, "Speech for Civil Rights Week," Series 1: Typescripts, Box 1, Basil O'Connor Papers, MDA.

[384] Basil O'Connor, February 1, 1950, "Speech for Civil Rights Week," Series 1: Typescripts, Box 1, Basil O'Connor Papers, MDA, p. 7.

Like the endorsements provided for the white polio campaign by leading Hollywood stars, black music and film celebrities also leant their names to the March of Dimes.[386] Foundation officials encouraged black celebrities to deliver special live and televised performances, which they knew would inspire both white and black audiences. For instance, famous jazz vocalist Ella Fitzgerald delivered a charity concert at the Manhattan Center Ballroom on December 14, 1945, in which all proceeds were donated to the Foundation.[387] With the growth of television by the 1950s, entertainers Sammy Davis Jr. and Hazel Scott, as well as Ella Fitzgerald recorded celebrity endorsements for the March of Dimes.[388] Foundation officials came to see black celebrities as holding mainstream appeal and their endorsements as beneficial to the fundraising campaign.

The Survival Strategies of a Black Director

Although Bynum successfully influenced national policy and increased communication between NFIP personnel and black communities, he experienced difficulties negotiating his unique role at headquarters. As a consequence of frequent travel and his department's limited authority under the direction of public relations, Bynum was not always kept appraised of larger policy objectives or decisions. Awareness of wider developments at headquarters was particularly critical for Bynum, when compared with some other directors, since his work required the input and permission of related departments. To compensate, Bynum read internal "monthly reports," which summarized the routine progress and new activities of each department. Although NFIP officials, such as D. Walker Wear, considered these reports "a lot of poppy-cock," Bynum expressed the view that they were the "only way in which he [could] keep himself informed of other department's activities."[389] Complementing the perusal of monthly reports, Bynum nurtured close working relationships with some senior NFIP officials, who informed him of any new plans, which might affect his department. Through these diverse strategies, Bynum remained aware of most developments at the Foundation.

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[385] Basil O'Connor, February 1, 1950, "Speech for Civil Rights Week," Series 1: Typescripts, Box 1, Basil O'Connor Papers, MDA, p. 15.

[386] For a discussion of endorsements provided by leading Hollywood stars, see Jane S. Smith, *Patenting the Sun: Polio and the Salk Vaccine* (New York: William Morrow & Company, Inc., 1990), p. 73.

[387] "Ella Named Singing Queen for NY Campus Beauty Ball," *Baltimore Afro-American*, December 1, 1945, p .22.

[388] For copies of these performances, please see MDA.

[389] George LaPorte to Basil O'Connor, Memorandum, September 5, 1945, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA.

In spite of his adept efforts to keep appraised of the latest news at headquarters, surprises were always around the corner. For instance, in the fall of 1953, NFIP officials considered relocating Bynum and his division out of headquarters to the local New York chapter. As much as the idea was deemed "temporary," Bynum understood that once removed from headquarters, it would be difficult to return. Appalled by this consideration, he worked to convince officials of the need to maintain his present location. First, he explained that relocating his division to a chapter would "infer separation of function," as well as imply a "change of policy and defeat the purpose for the creation" of his division. Finally, he warned of implications for field staff and black volunteers in which relocating his division would serve to weaken the sense of "belonging," which was necessary for his credibility.[390] Through Bynum's well articulated argument, Foundation officials agreed to maintain his office at headquarters.

Throughout his tenure at the Foundation, Bynum's secretary Hazel Brooks remained his stalwart supporter and chief organizer. Although very little biographical information is available on Brooks, many of Bynum's memorandums speak in adulation of her commitment to the department and its program. During the 1946 March of Dimes, for example, Brooks worked overtime for 10 weeks straight to develop agendas, type letters, and fulfill Bynum's many other requests. As he duly noted, "for her invaluable assistance, I have the highest praise."[391] Brooks ultimately shared Bynum's small victories and persevered through his challenges. In addition to the support of Brooks, Bynum derived considerable encouragement from his wife, Loyce Willis Bynum, who was educated and accomplished in her own right.[392] During the Depression she had earned a Bachelor of Arts degree from Spelman College in Atlanta, Georgia, and later served during the Second World War as a civilian aircraft dispatcher and assistant to the Director of Training at the Tuskegee Airfield.[393] Upon arriving in New York City with her husband in 1944, she joined the American Red Cross home service as a caseworker and eventually earned a Master of Social Work degree from Columbia University.[394] Bynum frequently discussed his work with Loyce, whose commitment to public health and civil rights buttressed his resolve.

Even with years of notable service, field experience, and a high level of education, no promotions were forthcoming for Bynum. Being passed over for advancement was not unusual for African Americans in large primarily white organizations, as a similar experience was shared by black health educator Dr. Roscoe C. Brown at the U.S. Public Health Service.[395] Additional authority was also not extended to Bynum's department, which remained a subdivision of public relations. Not only was Bynum required to continue clearing all action plans through his immediate director, but also through the heads of related departments. NFIP officials, did, however grant Bynum a modicum of control over his identity and representation. In following civil rights trends, Bynum in the fall of 1945 requested that his division be renamed "Interracial Activities" instead of "Negro Activities" to highlight cooperation instead of difference.[396] Although at times professionally undervalued, Bynum accepted that his position offered an unusually prominent role in furthering black rights and health.

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[390] Charles H. Bynum to Dorothy Ducas, Memorandum, November 2, 1953, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA.

[391] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[392] Loyce and Charles were married in Dallas, Texas on August 12, 1937. Further scholarly attention needs to be devoted to the public health and social work contributions of Loyce W. Bynum.

[393] "A Celebration of the Life of Loyce Willis Bynum," Funeral Program, December 16, 2006, Dianne H. McDonald private collection, New York.

[394] Loyce remained an American Red Cross case worker for 4 years. In 1948, she enrolled at Columbia University and earned a Master of Social Work degree. She devoted subsequent years to community service and to the Spence-Chaplin Services to Families and Children, a New York-based adoption and pregnancy support center. See <http://www.spence-chapin.org/history.html>, last viewed August 2007; See also "A Celebration of the Life of Loyce Willis Bynum," Funeral Program, December 16, 2006, Dianne H. McDonald private collection, New York.

Bynum also reportedly met with varied results in encouraging NFIP executives to hire black employees in executive and advisory roles. He put forward names of qualified black professionals to O'Connor but "couldn't get a written response" either in favor or against his proposed candidates.[397] When O'Connor received such memorandums he would "initial them and send them back" as perhaps acknowledging the validity of the idea but also hinting that little could be done to challenge prevailing hiring practices or the preferences of white directors. In an apparent attempt to circumvent O'Connor, Bynum lobbied specific department heads. For instance, in June 1946 he recommended to public relations director George LaPorte and executive secretary Joe Savage that a black American "be employed by Information Service to prepare releases for Negro publications."[398] Following O'Connor's earlier sentiment, Bynum's request was not approved.[399] Further, in July 1953, Bynum requested that Dr. H. T. Wagner of the NFIP Hospital Advisory Committee invite a black physician to serve on the board. He explained that the addition of an African-American physician would not only provide valuable information concerning black hospitals but also act as a facilitator for the dissemination of information to black agencies, including the NMA. Bynum put forward six names, including doctors Paul Cornely and Charles E. Burbridge of Freedmen's Hospital and Clyde Reynolds of Provident Hospital as suitable candidates.[400] As with previous instances, evidence suggests that Wagner disregarded the suggestion. Only once between 1944 and 1954 did Foundation executives accept one of Bynum's recommendations for the inclusion of a black official to serve in an advisory capacity. In 1948, NFIP officials appointed an African-American physician to the NFIP Hospital Care

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[395] Smith, *Sick and Tired*, p. 81.

[396] For first reference of his new title, see National Foundation for Infantile Paralysis October 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 6.

[397] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 19.

[398] Charles H. Bynum to Joe Savage, Memorandum, June 19, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[399] Bynum expresses that he was never able to get NFIP officials to hire black Americans to other departments. "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, pp. 18-20.

[400] Charles H. Bynum to Dr. H. T. Wagner, Memorandum, July 10, 1953, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Committee.[401] In spite of Bynum's determination to develop a racially integrated executive team at headquarters, Foundation officials favored the prevailing hiring norms for executive positions.

However, Bynum received regular encouragement to hire more African-American professionals under his own department. Since it is likely that some Foundation executives already considered their organization nominally integrated, by the very fact that they had an African-American executive and department, they perhaps could not fathom what Bynum was hoping to achieve through the employment of black Americans to other senior positions. As Bynum remembered:

> I tried to get the Foundation to appoint a black Board member. I couldn't get it. Joe Savage thought I wanted a black unit. I didn't ask for a black unit. I asked for blacks to go in other departments. . . . If I followed Joe Savage, I could have had me six regional directors. And I said, no, that isn't the way it needs to be done. I want whites to work with blacks and blacks with whites.[402]

In following the methods espoused by mid-twentieth century civil rights activists, Bynum realized that hiring African Americans under his authority would reinforce segregated practices within the NFIP hierarchy. Yet by holding onto this conviction, he was forced to contend with the criticism of some African Americans who believed that he was being short-sighted and insensitive to the needs of black communities by passing up an opportunity to hire at least one more black employee.[403] Bynum held fast to his convictions on hiring practices and resisted the demands of those opposed to his viewpoints.

NFIP officials' goals for race relations and proposals for improving the health needs of African-Americans also at times clashed with Bynum. In such instances, Bynum opted in favor of programs that reinforced his role at the Foundation while not destabilizing his grassroots connections. For instance, on April 19, 1946, NFIP health educator Sally Lucas Jean sought to expand the African-American presence in the field. Her earlier employment with the U.S. Indian Service on Navajo reserves and as a health consultant at the Poston, Arizona, relocation center for Japanese-Americans during the Second World War informed her interest in outreach work.[404] She explained to O'Connor that since "appropriations [were] . . . rarely made for Negro health education by the states, cities or counties" the NFIP might improve overall conditions by hiring a "Negro Health Educator" to promote polio awareness, find unaided cases, and follow up on existing cases in the southern states.[405] She discussed her proposal with other officials, including Bynum, assuring O'Connor that those consulted "heartily approved" of her idea.

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[401] Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York.

[402] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 19.

[403] Charles H. Bynum to Dorothy Ducas, Memorandum, November 30, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[404] "Sally Lucas Jean (1878-1971), Pioneer Health Educator," *American Journal of Public Health*, 61, 11 (November 1971): 2153–2154. More scholarly attention needs to be devoted to the contributions of Sally Lucas Jean in the area of health education for minorities and children; see Sally Lucas Jean Papers, Library of the University Of North Carolina At Chapel Hill, Southern Historical Collection, #4290 <http://www.lib.unc.edu/mss/inv/j/ Jean,Sally_Lucas>, last viewed September 2007.

Bynum, although acknowledging the value of Jean's proposal in theory, disagreed with it in practice. He apparently did not openly disagree with Jean but waited for a suitable future opportunity to voice his concerns. O'Connor likewise was unconvinced by Jean's claims and requested that Savage and Van Riper conduct a separate investigation into the viability of her proposal.[406] Savage privately consulted with Bynum, an action which tacitly acknowledged his oversight of issues pertaining to "inter-racial activities." It was at this time that Bynum shared his viewpoint of Jean's proposal. Although he admitted his "lack of perspective in this specialized field," he informed Savage that he was not in favor of hiring a black health educator for the southern states as Jean had claimed earlier.[407] He explained that in his opinion the hiring of a black health educator might set a negative precedent requiring a large staff to fill endless requests. He further contended that it could frustrate chapter relations in the south and likely overlap with the case finding activities of the Women's Division. As an alternative, Bynum reasoned that the same ends could be achieved without financial risk by "securing representation of Negro women in [white] chapter activities" to expand outreach work.[408] Bynum perhaps feared that the allocation of funds for an African-American fieldworker might jeopardize the approval of his own future interracial proposals, as well as challenge his monopoly on fieldwork.[409] For Bynum, therefore, black field volunteers remained preferable over black employees for two reasons: they did not challenge his role as the primary field liaison and requesting their inclusion pressured white chapter officials to instigate a level of cooperation with black communities. Bynum's argument not only appeared fiscally responsible but also in line with his ongoing chapter activities. NFIP public relations assistant Nicholas Bernard added the final blow to Jean's proposal by confirming that other health philanthropies, including the National Tuberculosis Association and American Cancer Society did not employ black health educators in the south.[410] Based on these findings, Savage and Van Riper decided Jean's plan was not viable and "should be held up."[411] Bynum's reluctance to champion Jean's health education proposal reinforced his department's preeminence over matters of race relations and established a further level of trust among senior Foundation officials, especially Savage and O'Connor.

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[405] Sally Lucas Jean to Basil O'Connor, Memorandum, April 9, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For a list of field service duties, as reasoned by Bynum, see Charles H. Bynum to Joe Savage, Memorandum, June 19, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[406] NFIP officials asked Nicholas Bernard to conduct an investigation of the NTA and ACS; see Nicholas Bernard to Joe Savage, Memorandum, June 19, 1946, Re: Negro Education In The South, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[407] Joe Savage to Dr. Hart Van Riper, Memorandum, June 13, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Joe Savage, Memorandum, June 19, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[408] Charles H. Bynum to Joe Savage, Memorandum, June 19, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[409] In the same memorandum, Charles H. Bynum hints that he has other ambitions for the NFIP budget.

Conclusions

Between November 1944 and December 1954, Charles H. Bynum utilized his position at NFIP headquarters to reorient their national policy for the betterment of African Americans. Although northern centers provided acute polio treatment for black patients in integrated wards, most southern centers refused to extend the same level of treatment. Bynum educated NFIP officials about this inequality and helped them improve their polio preparedness program to facilitate epidemic care for black Americans. Due to the credibility of Dr. Paul Cornely, he was also able to press for the diversification of NFIP grants beyond the Tuskegee Infantile Paralysis Center to encompass a range of black medical institutions and training programs for the advancement of convalescent care services.

To increase the revenue for the March of Dimes, Bynum developed special marketing materials for use in African-American communities. The launch of the black polio poster for the 1947 campaign benefited black field workers attempting to promote identification and integration with the NFIP program. He also helped to redevelop older publications, such as the Tuskegee pamphlet, to reflect the wider sponsorship of black medical facilities and interracial programs. To complement the black print materials, Bynum worked closely with the film department to release sophisticated movie trailers, which were well received in African-American theaters across the nation. The mobilization of Basil O'Connor to speak on topics of tolerance and civil rights increased the interest of black Americans in the NFIP while normalizing civil rights goals among white volunteers.

As a unique person in a pioneering role, Bynum developed a number of survival strategies. Although he was required to clear his plans through other departments, he successfully negotiated the added levels of bureaucracy and established supportive relationships with many Foundation officials. Suffering bitter disappointments and challenges to his executive status, he accepted being passed over for promotions and mustered his considerable communication skills to keep his office located at national headquarters. Although he encouraged department heads to hire more black managers, he also accepted their reluctance graciously. The isolation caused by frequent field trips cut Bynum off from knowledge of Foundation plans. Fortunately, these hardships were mitigated by the contributions of his black secretary, Hazel Brooks, his wife Loyce, and some supportive NFIP directors. Bynum managed to maintain a certain monopoly on race relations within the organization, a position that he coveted in the hopes of furthering his civil rights agenda. In fact, the renaming of his division "Interracial Activities" proved to be a testament to Bynum's agency. By helping Foundation officials navigate the prejudiced norms of American society, Bynum helped the NFIP move closer to its national objective of serving all Americans.

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[410] Nicholas Bernard to Joe Savage, Memorandum, June 19, 1946, Re: Negro Education in the South, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[411] Joe Savage to Basil O'Connor, Memorandum, June 20, 1946, Re: Negro Health Educator, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Chapter 3:

Charles H. Bynum, Field Work, and American Society, 1944-1954

> I just wanted to go on the record in stating that Charles Bynum is exceptionally effective in the field. He arouses the interest and enthusiasm of negro leaders. He commands their confidence and respect and he tells the Foundation story interestingly and impressively. He does a good public relations job with our white Chapter people also.[412]
>
> – Warren T. Kingsbury

Charles H. Bynum conducted public relations work at the grassroots level. In fact, over half of his time was spent away from National Foundation for Infantile Paralysis (NFIP) headquarters, traveling to far-flung locations in the North, West, Midwest, and South. He knew from his earlier experiences with Commission for Inter-racial Cooperation that "personal appearances and contacts" in the field would increase his ability to bridge communities, as well as uncover and endeavor to resolve problems in race relations.[413] During his trips Bynum met with black community and organizational leaders, as well as visited white NFIP chapter and campaign volunteers to gain an appreciation of all perspectives.[414] Black communities were highly receptive of Bynum's efforts and in many cases were already raising funds prior to his arrival, although their formal participation in the March of Dimes and in NFIP chapters suffered due to the lingering prejudice of white volunteers. Foundation state representatives and senior officials aided Bynum during his field trips by providing necessary resources and pressuring white volunteers to reevaluate their exclusionary practices. Although exposing and attempting to overturn discriminatory trends forced Bynum to contend with criticism and the realities of racial segregation, he successfully worked as part of the Foundation team to foster a spirit of cooperation and a sense of belonging among all volunteers. While considerable gains were made in obtaining the support of many black journalists and at advancing the interracial fundraising organization, mixed results were achieved at county chapter integration. This chapter analyzes Bynum's efforts in the field between December 1944 and January 1954 as he undertook a sophisticated outreach program to nurture interracial cooperation and an ambitious publicity crusade to promote the March of Dimes.

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[412] Warren T. Kingsbury to George P. Voss, Memorandum, January 17, 1950, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, March of Dimes Archives, White Plains, New York (henceforth denoted as MDA).

[413] Charles H. Bynum to Raymond Barrows, Memorandum, February 14, 1952, Re: Campaign Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[414] Charles H. Bynum to Basil O'Connor, Memorandum, January 26, 1945, Re: Field Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Researching and Reporting the Realities

Before efforts could be directed at addressing the absence of grassroots African-American participation in the Foundation program, Bynum visited different locales and national meetings to gain specific knowledge of the situation.[415] He undertook his first trip in January 1945, traveling to a national African-American convention for southern school teachers and church leaders.[416] By speaking with delegates, he became aware that several problems inhibited the fundraising program. First, he discovered that there was a widespread unawareness of the NFIP polio treatment program among the African-American attendees. In particular, he found that most delegates "had no knowledge that aid was received other than by children and victims in epidemic areas, and [many] were surprised to know that aid extended after the isolation period."[417] They reportedly had more awareness of the Tuskegee Infantile Paralysis Center than of the larger NFIP acute and convalescent polio treatment program.[418] When Bynum elucidated the program's details, delegates purportedly responded with "reactions of surprise."[419] Second, Bynum determined that although most delegates had heard of NFIP headquarters in New York City, few knew of the decentralized structures, including NFIP regional directors, state representatives, and local chapters.[420] Due to the dearth of polio information reaching black communities, as well as to NFIP officials' historical attention to the health needs of Caucasians, attendees were understandably amazed by Bynum's account.[421]

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[415] Charles H. Bynum to Basil O'Connor, Memorandum, January 26, 1945, Re: Field Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[416] Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[417] Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[418] Charles H. Bynum to Edgar Davis (Missouri), Memorandum, March 7, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[419] Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[420] Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[421] For examples of long-standing ineffectuality towards African-American health issues, see Thomas A, LaVeist ed., *Race, Ethnicity, and Health* (San Francisco: Jossesy-Bass, 2002); Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987); Vanessa Northington Gamble, *Making A Place for Ourselves: The Black Hospital Movement* (New York: Oxford University Press, 1995); Tera W. Hunter, *To 'Joy My Freedom: Southern Black Women's Lives And Labors After The Civil War* (Cambridge: Harvard University

Over subsequent months, Bynum conducted additional exploratory trips to northern and southern localities where he uncovered further issues. He learned that March of Dimes campaign meetings, which oversaw the local fundraising drive in each county, typically excluded black Americans. However, only after campaign planning was finalized did some white "county campaign organizations invite participation of Negro workers." In such circumstances, black volunteers were recruited late and rarely given adequate time, training, or resources.[422] As Bynum observed, owing to "the nature of the campaign organization and due to cultural patterns, Negro workers seldom have any contact with National Foundation staff and campaign directors."[423] An added complication was that some campaign organizations established near the largest black populations were among the most vociferous in rejecting cooperation with African-American communities.[424] In particular, Bynum identified campaign committees in Kansas City (Missouri), "New York City, Detroit, New Orleans, Birmingham, Houston, Dallas, and Louisville" as particularly egregious.[425] Because Bynum was aware that decades of segregation and racial prejudice had entrenched negative perceptions of African-Americans among white volunteers, he realized that interracial cooperation required education to erode existing trends. Consequently, through his early nationwide forays, Bynum identified the racist practices undermining the success of the Foundation program and set about to reverse them.

When Bynum returned from his field trips, he made a conscientious effort to educate headquarters officials of his findings and request their support for his proposed solutions. He notified O'Connor in July 1945 that failing to include black volunteers in the March of Dimes campaign planning process blocked information about the NFIP, as well as "create[d] deeper misconceptions about the program and services."[426] He continued that the inclusion of black volunteers in the planning phase would better serve the pecuniary and public relations interests of the NFIP, since it would increase "contributions, [channel] information to the Negro community, and [improve]

Press, 1997); Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987).

[422] Charles H. Bynum to Basil O'Connor, Memorandum, March 5, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[423] Charles H. Bynum to Raymond Barrows, Memorandum, February 14, 1952, Re: Campaign Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

[424] Charles H. Bynum to Basil O'Connor, Memorandum, March 5, 1945, RE: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[425] For Kansas City, Missouri, see Charles H. Bynum to Basil O'Connor, Memorandum, March 5, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For other centers, see Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945, Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[426] Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945, Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

community inter-relationships."[427] Senior NFIP officials became very interested in Bynum's progress and appear to have not only read his reports with avidity but also encouraged the support of Foundation personnel at all levels. In fact, some portions of Bynum's field reports were completely marked-up with the hand writing of other officials requesting more information or clarification. For instance, in one report filed by Bynum in January 1947, executive secretary Joe Savage expressed his concern over how little progress was being made in raising funds among black Americans in Mobile, Alabama. In the margin of Bynum's memo, he wrote: "What is behind this? Plans for next year?"[428] Through such replies, Savage extended the support and resources of the Foundation to Bynum. In turn, when news from the field was optimistic, officials expressed their gratitude. After reading a field report from March 1947, Savage noted: "This is highly interesting [and] significant. Keep me posted on the tangible results of negro activities as they develop."[429] Through regular informative reports, Bynum enlightened headquarters personnel of the importance of continued field efforts and gained their assurance of resources.

Advancing the Foundation Program in Black Communities

One of Bynum's primary objectives in the field was to increase the support of black communities through their professional and lay organizations. He consequently spent considerable time familiarizing himself with the personnel of leading state, regional, and national black organizations, as well as attending their group meetings. In November 1945, Bynum attended the Southern Regional Council on Race Relations in Georgia, the Georgia State Baptist Convention, and the State Conference of the National Association for the Advancement of Colored People (NAACP).[430] At these meetings, he met with delegates, formed friendships, and demystified the NFIP treatment program. When the opportunity was presented, Bynum delivered speeches and served as a panel member at conventions. For example, in July 1946 he attended the National Negro Insurance Association and together with Dr. Paul Cornely and Dr. M. O. Bousfield he addressed issues concerning polio treatment with medical directors from various health insurance companies, including Metropolitan Life.[431] By fostering contacts at these meetings, Bynum built alliances and gained access to the highest levels of black organizations. In October 1954, Bynum attended the annual meeting of the National Negro Business League, an organization established by Booker T. Washington in 1900

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[427] Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945, Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[428] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[429] Charles H. Bynum to Joe Savage, Memorandum, March 7, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[430] National Foundation for Infantile Paralysis November 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 4.

[431] Charles H. Bynum to George LaPorte, Memorandum, July 16, 1946, Re: Negro Insurance Association, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

"to promote the commercial and financial development of the Negro."[432] After the meeting, the president invited Bynum to attend the private Board of Trustees meeting in Cincinnati, which included two sessions of the Board meeting. Due to Bynum's presence and to the friendship of executive members, the committee voted in favor of providing the NFIP "the full cooperation of the League's office."[433]

As a former school teacher and college educator, Bynum recognized that black schools were also an important potential source of support for the March of Dimes.[434] Prior to 1946, NFIP literature seldom reached southern black schools due to restrictions posed by school segregation.[435] To address this shortcoming, Bynum visited black educational institutions on almost every field trip to gain the cooperation of administrators and to inspire the student body to become involved.[436] During a trip to Birmingham, Alabama, in January 1947, Bynum delivered three "high school assembly speeches," which was followed days later by a private meeting in conjunction with the "supervising principal" of a Miami, Florida, high school.[437] During school visits, Bynum distributed special "literature, films, [and] articles" featuring information on the March of Dimes and the NFIP treatment program.[438]

As the NFIP story reached more black schools and colleges, participation and per capita contributions from students, their families, and faculty members became considerable.[439] Grade five school children at School No. 126 in Baltimore, Maryland, for example, raised $6 for the March of Dimes by inviting "other children to drop dimes" in collection bottles placed around their elementary school.[440] Some black schools also held polio benefit concerts in which proceeds were donated to the March of Dimes. The Douglass High School in Baltimore sold tickets to their January 24, 1946, choral concert for the fight against polio.[441] Likewise, 1,140 students at the Bladen County Training School in Elizabethtown, North Carolina, raised $770 for the 1947 March of Dimes.[442] Even the smallest most isolated schools attempted to show their support. In one evening, a black school in Meridian, Mississippi, raised more than $164 to aid polio victims.[443] Black colleges, most notably the A & T College at Greensboro, North Carolina, amassed $1.75 per capita for the March of Dimes from its 2,500 students in 1954. As Bynum exclaimed: "do you know of any college which exceeds this per capita?"[444]

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[432] "National Negro Business League," Coolidge-Consumerism Collection, Library of Congress <http://lcweb2.loc.gov:8081/ammem/amrlhtml/dtnegbus.html>, last viewed December 2007; Kenneth Hamilton, ed., *Records of the National Negro Business League*, Black Studies and Research Sources (Bethesda: University Publications of America, 1995) <http://www.lexisnexis.com/documents/academic/ upa_cis/1559_NatNegroBusLeaguePt1.pdf>, last viewed December 2007.

[433] Charles H. Bynum to Dorothy Ducas, Memorandum, November 30, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[434] Charles H. Bynum to George LaPorte, Memorandum, February 14, 1946, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. See also Charles H. Bynum to Joe Savage, Memorandum, April 8, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[435] Bynum explained that "it cannot be assumed that we reach Negro schools" in states with mandatory segregation. For more information, see Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York.

[436] Most of Bynum's field trip reports list school visits. For example, see Charles H. Bynum to Dorothy Ducas, Memorandum, January 19, 1953, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[437] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[438] Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York.

[439] For a discussion of how a Hampton County, South Carolina school realized considerable returns, see Charles H. Bynum to Joe Savage, Memorandum, March 7, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[440] "Pupils Give to March of Dimes," *Baltimore Afro-American*, February 16, 1946, p. 7.

To complement his tour of black schools and colleges, Bynum also attended teachers' association conventions where he set up NFIP exhibits and delivered speeches to delegates.[445] In many instances, Foundation officials accompanied Bynum and presented to delegates. Based on several meetings with school officials, Bynum was able to assemble a comprehensive mailing list of supervisors, principals, college presidents, and deans, who were contacted annually and asked to support the March of Dimes.[446] With the support of Foundation personnel, Bynum was able to turn previously untouched groups into generous annual supporters.

Bynum also appreciated that success in black communities was tied intimately to the activities of African-American women.[447] Accordingly, he worked closely with the NFIP director of women's activities, Elaine Whitelaw, to ensure that the women's program included African Americans. Whitelaw and Bynum frequently met with volunteers of the NFIP women's division where they learned about local conditions and discussed methods for improving interracial cooperation.[448] Bynum also sought the support of black women volunteers through national and regional sororities and women's clubs. In 1947, for instance, he visited a regional women's club in Columbia, South Carolina, where he delivered a speech promoting the NFIP program.[449] The following year, he "addressed the opening session" of the National Council of Negro Women held in Washington, DC. At the conference, Bynum provided full March of Dimes registration kits to the approximately 1,200 delegates from over 37 states.[450] The following month, he traveled to North Carolina to the 13th Annual National Association of Negro Business and Professional Women's Clubs where he met delegates "ranging from Connecticut to Texas."[451] Knowledge of the NFIP program and the March of Dimes consequently spread rapidly within the network of black women's associations.

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[441] "J. Marshall Stewart, Others Aid Polio Benefit at Douglass," *Baltimore Afro-American*, December 28, 1946, p. 17.

[442] Charles H. Bynum to Joe Savage, Memorandum, April 16, 1947, Re: Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[443] Charles H. Bynum to Joe Savage, Memorandum, February 4, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[444] Charles H. Bynum to Dr. Clair Turner, Memorandum, February 11, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[445] Charles H. Bynum to Joe Savage, Memorandum, April 16, 1947, Re: Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[446] Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York.

[447] African-American women have a long history of community activism. See Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

[448] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[449] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Due to Bynum and Whitelaw's attention to mobilizing the resources of women's groups, the support of such organizations in the March of Dimes grew significantly. The heads of state women's associations, including the Maryland League of Women's Clubs, openly encouraged both club and public support of the polio crusade.[452] Following one of Bynum's visits in 1947, the Southern Region of the Phi Delta Kappa sorority voted to make the March of Dimes "the major project of each local chapter."[453] Similarly, the state Federation of Women's Clubs and the South Carolina state chapter of the Delta Sigma Theta sorority extended their support to make "the March of Dimes its project."[454] Through regular correspondence and speaking engagements, Bynum expressed his appreciation for the growing support of black women. Upon the conclusion of the 1947 campaign, he called on the Kansas State Meeting of Colored Women, where he delivered a congratulatory speech expressing the "National Foundation's gratitude for the support of Kansas women."[455]

By maintaining connections with black women's groups, particularly the National Council of Negro Women, Bynum established a close working relationship with its African-American president, Dr. Dorothy Ferebee.[456] A Tufts Medical College graduate, Ferebee had considerable appreciation for the importance of public health and outreach work due to her directorship of the Alpha Kappa Alpha Mississippi Health Project and her role as an obstetrical instructor at Howard University.[457] Through her leadership in the Alpha Kappa Alpha sorority, she was able to assist Bynum in connecting his division into a wider network of black women supporters. Bynum's proactive approach in reaching black women established a considerable base for the March of Dimes in African-American communities.

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[450] Charles H. Bynum to Joe Savage, Memorandum, October 18, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[451] "Business and Professional Women in 13th Annual Session," November 6, 1948, *The Baltimore Afro-American*, p. 12.

[452] "Mrs. Gray Endorses March-of-Dimes Drive," *Baltimore Afro-American*, December 29, 1945, p. 19.

[453] Charles H. Bynum to Joe Savage, Memorandum, April 16, 1947, Re: Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[454] Charles H. Bynum to Joe Savage, Memorandum, April 30, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[455] Charles H. Bynum to Joe Savage, Memorandum, July 3, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[456] Charles H. Bynum to Joe Savage, Memorandum, May 12, 1950, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[457] Susan L. Smith, *Sick and Tired of Being Sick and Tired*, p. 153.

Field trips also facilitated the nurturing of close working relationships with medical professionals and their affiliated organizations. In addition, because Bynum was a man, at a time in American society when men held the majority of senior positions in medicine, he was able to gain access to the highest levels of state and national medical associations. Bynum traveled to NMA conventions, black hospital meetings, and solicited the support of black doctors through letters and published articles in the *Journal of the National Medical Association* (*JNMA*).[458] In June 1945, for instance, Bynum mailed letters of introduction to approximately 600 physicians located in regions expected to have a high incidence of polio, informing them of the NFIP story and treatment facilities for black patients.[459] The articles that he published in the *JNMA* furnished subscribing black medical practitioners with periodic news concerning treatment methods and NFIP fellowships.[460] To complement his own submissions, Bynum also encouraged other Foundation directors to submit articles of interest to African-American physicians. In January 1951, health education director Catherine Worthingham wrote a comprehensive article in the *JNMA*, entitled "Professional Education and Poliomyelitis," describing the ongoing aid provided by the NFIP to black medical colleges and training programs.[461] By actively working to obtain space for the Foundation in the *JNMA*, Bynum assured its wider awareness among black physicians and their support of the program during the fundraising drive.

Bynum also approached the Women's Auxiliary of the National Medical Association, a subsidiary group that organized conventions, fundraising activities, and seminars centering on issues of African-American women's health.[462] Since attending NMA conventions afforded Bynum the opportunity to establish a friendship with Mrs. Knaive, a national director of Women's Auxiliary, he was able to enroll 3,000 affiliated members of this association across 40 states in a "national endorsement" of the NFIP program.[463] By maintaining positive relations with NMA officials and volunteers of the Women's Auxiliary, Bynum realized a mutually reciprocal arrangement that not only increased awareness of the NFIP and its treatment program but also fostered the respect and support of many black medical professionals and their families.

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[458] For more information about attending black hospital meetings, see Charles H. Bynum to Joe Savage, Memorandum, June 9, 1948, Re: Report of Field Trips, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For an example of Bynum attending an NMA convention, see Charles H. Bynum to Dr. Hart Van Riper, Memorandum, September 4, 1947, Re: Excerpt from Field Trip Report, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[459] National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5.

[460] Editorial, *Journal of the National Medical Association* 37,4 (July 1945): pp. 129, 133.

[461] Catherine Worthingham, "Professional Education and Poliomyelitis," *Journal of the National Medical Association* 43, 1 (January 1951): pp. 23-24.

[462] For some basic information concerning the Women's Auxiliary to the National Medical Association, see <http://query.nytimes.com/gst/fullpage.html?res=9F05E0D9103AF936A15752C1A9679C8B63&sec=&spon=&pagewanted=print>, last viewed October 2007.

[463] MODA, Public Relations Records, Box 14, Series 1: National Foundation for Infantile Paralysis, "National Medical Association," Letter, December 15, 1949, From Bynum to Women's Auxiliary of the NMA. For more information about the number of Women's Auxiliary members, see Charles H. Bynum to Joe Savage, Memorandum, May 12, 1950, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

While in the field, Bynum regularly worked to clear up misconceptions, as well as neutralize negative perceptions of the NFIP among black Americans ascribed to years of exclusion from chapter membership, March of Dimes organizations, and Warm Springs. When asked by black delegates at a 1945 convention whether chapter membership extended to African Americans, Bynum countered with an optimistic reply that neither answered nor entirely ignored the question. As he recounted afterwards:

> I was frequently asked [by delegates] about Chapter membership. My reply was that the National Foundation welcomed the active support of every one. My response was not directly challenged by reference to practice. As my activities become better known we shall undoubtedly be faced with the necessity of finding a solution to the problem of Chapter participation.[464]

Bynum handled these awkward encounters in a diplomatic manner by focusing on positives instead of reaffirming negatives.

Aside from formal meetings and conventions, Bynum and Foundation personnel attempted to reach and educate black Americans at the grassroots level. In particular, they encouraged the establishment of educational campaigns in black communities. For example, in January 1946, Bynum, with NFIP campaign and radio officials, established a National Foundation street-level information booth which carried out an "educational campaign project" in the predominantly black Upper Manhattan (Uptown) area of New York City.[465] The booth was so successful that it led to a considerable improvement in both fundraising revenue and public relations in the Manhattan African-American community. As Bynum explained:

> Thousands of [African-American] people who never realized the National Foundation had a program of services observed the stand in operation. Their questions were answered; their criticisms were met; their doubts and misgivings were quelled; their support was gained.[466]

The booth also resulted in a number of spin-off benefits. For instance, a number of "spontaneous activities" were sponsored by independent black organizations and furthermore the manager of the famous Apollo Theatre reported that March of Dimes collections before feature presentations had increased, as NFIP volunteers operating the booth had successfully addressed many of the concerns held by theater patrons.[467] Through such efforts, Bynum and Foundation officials were able to bypass local white campaign volunteers to reach black Americans directly with the Foundation story.

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[464] Charles H. Bynum to Sally Lucas Jean, Peter J. A. Cusack, and Mr. Stone, Memorandum, January 11, 1945, Re: Recent Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[465] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[466] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Bynum also recognized that in order to sell the March of Dimes, the story itself needed a fresh angle. Instead of focusing on the fear of polio or the bureaucratic structures of the NFIP, Bynum presented the March of Dimes as a unified program that helped those with polio. As he explained during an interview:

> I sold March of Dimes rather than polio. I'm saying that [African Americans] thought of it as March of Dimes Polio Foundation. Polio didn't lose its impact much. They thought I was the March of Dimes . . .[468]

By moving beyond convoluted explanations of the interrelationships among the NFIP, its chapters, and its annual fundraising drive, Bynum helped to streamline the image and purpose of the March of Dimes into a coherent, marketable entity. This progressive marketing approach appears to have paralleled the evolving public relations policy and overall mission at headquarters, which would later be employed when the NFIP broadened its program in 1958, turned to the prevention of birth defects in 1965, and finally renamed the philanthropy the "March of Dimes" in 1979.[469] Bynum was thus able to adapt the NFIP program to the needs of his particular situation and challenges.

Although field trips served as the basis of Bynum's public relations outreach work, they also posed personal challenges. Jim Crow laws in the south not only restricted the manner in which he traveled, but frequently led to delays or service cancellation.[470] Bynum's field reports only hint at the difficulties he faced in negotiating segregated transit. For example, when Bynum returned from traveling to the south in 1947, he reported to executive secretary Joe Savage that "travel delay and uncertainty" forced the cancellation of meetings scheduled in Atlanta, Georgia, and Tampa, Florida.[471] In addition, he explained that "transportation [was] unavailable, beyond Savannah," a concise, yet perhaps purposefully vague explanation. Through such couched language, Bynum avoided antagonizing NFIP officials, many of whom did not understand the effects or level of oppression Bynum endured while carrying out field work. The stress caused by these realities ultimately had a detrimental effect on Bynum's health. As NFIP southern regional director, Warren T. Kingsbury, once remembered during a 1987 interview:

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[467] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[468] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 12.

[469] Georgette Baghdady and Joanne M. Maddock, "Marching to a Different Mission," *Stanford Social Innovation Review*, (Spring 2008): 61-65.

[470] For more about the nature of segregated rail transportation, see Cynthia Taylor, *A. Philip Randolph: The Religious Journey of an African American Labor Leader* (New York: New York University Press, 2006).

[471] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip – January 8 – 16, 1947, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

> On one occasion – this was before the railroad legislation was passed which integrated trains . . . Charlie [Bynum] could not ride in the regular coach and so I rode with him in the Jim Crow coach and I can still recall the look of hatred on the part of the [white] conductor that took my ticket, the idea of a white man sitting with Blacks. It made me realize that a lot of the stomach upsets that Charlie had were based upon the treatment and indignities he had to put up with.[472]

In an effort to reduce dependence on railways, Bynum by the late 1940s, began to capitalize on the growth in civil air transportation. According to scholars, airlines were unique in the era of Jim Crow, as no state laws have been found requiring segregation of passenger compartments. As historian C. Vann Woodward explained: "there was doubtless something slightly incongruous about requiring a Jim Crow compartment on a transcontinental plane, or one that did not touch the ground between New York and Miami."[473] Due to Bynum's position as a NFIP director with important public relations responsibilities across the nation, he was able to justify to senior NFIP officials the need to utilize air transportation at a time when it was relatively expensive and considered more of a novelty.[474] Although doubtless some senior NFIP officials may have balked at this added expense, it was clear that when Jim Crow laws affected Bynum they in turn affected the productivity of the NFIP. By 1954, Bynum had amassed "500,000 miles of air travel," which was duly recognized by Braniff Airlines with "a ceremony."[475] Bynum, therefore, developed some strategies to address the problems posed by Jim Crow transportation laws in order to advance his field activities.

Forging Alliances with the Black Media

As a former newspaper columnist, Bynum knew that one of the most potent methods of influence within black communities was through the black media.[476] According to some scholars, the African-American press during the 1940s "was one of the leading black industries and had a following perhaps second only to the black church."[477] Circulation figures suggest that in 1940, 1,276,000 black newspapers were purchased every week, eventually reaching 1,809,000 by 1945, with an estimated readership of 3.5 to 6 million people.[478] Although the subscriber base of black newspapers declined sharply by 1950, Bynum remained committed to them as a supplementary means to reach black Americans.[479] Since African-American newspapers during the 1940s remained respected organs of public opinion and protest, Bynum realized that black journalists could just as easily undermine his national efforts as they could strengthen it. As he acknowledged, "[black press] stories of services rendered take on added importance and its adverse reports have a paralyzing effect characterized by welling intensity."[480] Bynum learned of the dangers first-hand, since one of his first jobs at the NFIP was in assisting officials to rebut attacks made by the black press. In May 1945, an article appeared in a black paper asserting that discrimination was practiced by NFIP through its funding of physiotherapy students. Bynum spent over one week assisting NFIP education director Catherine Worthingham to address this criticism.[481] With ample knowledge of the hazards of negative publicity, Bynum cultivated relationships with black news syndicate representatives, newspaper and magazine editors, and journalists to reduce negative features and to shape the views of African-Americans in favor of the NFIP.

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[472] "Kingsbury, Warren – November 13, 1987," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, pp. 29-30.

[473] C. Vann Woodward, *The Strange Career Of Jim Crow* (Oxford: Oxford University Press, 1974) p. 117.

[474] For an interesting discussion of the expense and perceptions of air travel during the 1940s and 1950s, see Kathleen M. Barry, *Femininity in Flight: A History of Flight Attendants* (Durham: Duke University Press, 2007); William M. Leary and William F. Trimble, eds. *From Airships to Airbus: The History of Civil and Commercial Aviation* (Washington: Smithsonian, 1995); Arch Whitehouse, *The Sky's the Limit: A History of the U.S. Airlines* (New York: Macmillan, 1971).

[475] Charles H. Bynum to Dorothy Ducas, Memorandum, February 15, 1954, Re: Campaign Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[476] Claude A. Barnett, "The Role of the Press, Radio, and Motion Picture and Negro Morale," *The Journal of Negro Education*, 12, 3, (Summer, 1943): 474-489; Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; William G. Jordan, *Black Newspapers and America's War for Democracy, 1914-1920* (Chapel Hill : University of North Carolina, 2001); Patrick Scott Washburn, *The African American Newspaper: Voice of Freedom* (Evanston: Northwestern University Press, 2006).

To build his alliance with members of the black print media, including representatives from over 200 newspapers, 125 periodicals, and 17 news syndicates, Bynum traveled to journalism conventions and dined with editors.[482] During his numerous field trips he visited local news outlets to share the NFIP story and to obtain editors' "assurances of continuing support" before he departed for his next stop.[483] For instance, when he visited Columbia, South Carolina, in the fall of 1946, he met with the local editor to "discuss [the] National Foundation program and services as they relate[d] to Negro people."[484] He also held press conferences for journalists to address their questions and to clear up misconceptions about the polio treatment program.[485] For instance, while traveling in Cleveland, Ohio, he was interviewed by two daily papers and also "held a press conference for local Negro weeklies, one branch office of [a] national weekly, and two branch offices of state weeklies."[486] To promote a national awareness of his presence, he regularly attended the National Negro Publishers Association convention where he met with delegates, fostered their trust, and extended to them his assistance.[487] During a 1949 National Negro Publishers Association convention, organizers provided Bynum with "office space" where his "stenographer worked overtime" for the benefit of attending delegates.[488] To reward the ongoing support of black news officials, Bynum assured a "proper acknowledgement and expression of gratitude" through official NFIP channels, as well as access to regular news releases tailored to audiences in each region.[489] Through personal attention, Bynum slowly turned many black journalists and editors into partners.

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[477] Lee Finkle, "The Conservative Aims of Militant Rhetoric: Black Protest during World War II," *Journal of American History*, 60, 3 (December 1973): 692-713.

[478] Charlotte G. O'Kelly, "Black Newspapers and the Black Protest Movement: Their Historical Relationship, 1827-1945," *Phylon* 43, 1 (1st Quarter, 1982): 1-14; John H. Burma, "An Analysis of the Present Negro Press," *Social Forces*, 26, 2 (December 1947): 172-180; Ibid.

[479] For more information about the decline in black newspapers by 1950, see Washburn, *The African American Newspaper*, pp. 184-187.

[480] Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[481] Details on this incident are only documented in summary form. The specific article and paper is not mentioned in the summary. National Foundation for Infantile Paralysis May 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 4.

[482] Charles H. Bynum to Joe Savage, Memorandum, September 17, 1946, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[483] Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Bynum understood that a delicate and respectful stance needed to be taken in handling representatives of the black press in relation to the white press. In order to avoid alienating either press outlet, Bynum was careful not to show favoritism when releasing news articles. As he reminded NFIP consultant George Englehardt: "[it] is important that we do not give the . . . Negro daily and several semi-weeklies any advantage. Of course white dailies will be restricted in the same fashion."[490] This cautious approach not only bolstered the respect of many journalists and editors towards the NFIP, but it also assured maximum exposure of the news item while divesting NFIP officials from having to decide how and where releases should be sent.

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[484] Charles H. Bynum to Joe Savage, Memorandum, October 28, 1946, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[485] There are several examples of press conferences, see Charles H. Bynum to Joe Savage, Memorandum, November 13, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Joe Savage, Memorandum, July 3, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[486] Charles H. Bynum to Joe Savage, Memorandum, December 22, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[487] Charles H. Bynum to Joe Savage, Memorandum, July 3, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[488] Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[489] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2.

[490] Charles H. Bynum to George Englehardt, Memorandum, October 7, 1944, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Bynum appears to have held tight control over the content of items released by the NFIP to the black press.[491] For instance, he prepared submissions for the journal editors of state associations of teachers and also wrote articles for leading national black magazines, including *Headlines Magazine*.[492] He also developed articles for state representatives who in turn placed them in local black papers.[493] In 1945, he managed to secure the eminent African-American author, Jay Saunders Redding, to write an article concerning polio which was published in the NAACP journal, *Crisis*.[494] By reaching major black media outlets and maintaining a level of control over the content, Bynum was able to assure that most of the news focusing on the NFIP asserted favorable interpretations of its program.[495] For instance, black journalist R. A. Jenkins published an upbeat account of the NFIP treatment program and its provision of services for African-American polio patients.[496] As Jenkins reminded readers: "Because of its great humanitarian work, the March of Dimes campaign deserves generous contributions."[497]

Due to the considerable investment of time, Foundation officials required Bynum to justify his need to work closely with the black press. Bynum explained that his role in the provision of a "direct service to the Negro press" was necessary for both public relations and content reasons.[498] As he reasoned:

> (1) When releases appear in the Negro press the readers accept the information without reservations. (2) The required data and experience are not available elsewhere. (3) It is neither economical nor feasible to use local, regional, or state channels of publicity.[499]

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[491] Charles H. Bynum to Dorothy Ducas, Memorandum, June 15, 1951, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[492] National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5; National Foundation for Infantile Paralysis August 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 6.

[493] Charles H. Bynum [to NFIP Personnel], Memorandum, April 1945, Re: Analysis of Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[494] National Foundation for Infantile Paralysis October 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 6. The are a number of famous works by Redding, including *To Make a Poet Black* (Chapel Hill: The University of North Carolina Press, 1939); *No Day of Triumph* (New York: Harper and Brothers, 1942); *Stranger and Alone* (New York: Harcourt Brace and Co., 1950); *They Came in Chains* (Philadelphia: J. B. Lippincott Company, 1950); *On Being Negro in America* (New York: Bobbs-Merrill Co., 1951); *The Lonesome Road* (Garden City.: Doubleday & Company, Inc., 1958); *The Negro* (Washington: Potomac Books, 1967).

[495] For a great example of front-page attention to the provision of care by the NFIP to black polio patients, see "Aided by March of Dimes," *Baltimore Afro American*, January 31, 1948, p. 1.

[496] R. A. Jenkins, "The March of Dimes Show Business Creed," *Baltimore Afro-American*, January 19, 1946, p. 1.

[497] Ibid.

[498] Charles H. Bynum to Raymond Barrows, Memorandum, February 14, 1952, Re: Campaign Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[499] Charles H. Bynum to Raymond Barrows, Memorandum, February 14, 1952, Re: Campaign Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Bynum made it clear to inquiring Foundation executives that the investment of his time was worth the expense, since it allowed control over the content and the manner of representation. It also guaranteed a regular stream of vetted news article that could be printed immediately.

In order for an item to be newsworthy, Bynum recognized that articles had to have "a civil rights angle" or demonstrate the "unusual recognition of Negroes as dignified human beings."[500] He therefore amassed positive stories from across the nation describing black March of Dimes drives, grants to institutions accepting African-American patients, and black recipients of Foundation scholarships. For instance, in June 1945 he released information concerning "scholarships available in Medical Social Work" for African-Americans.[501] He then solicited photographs of the resulting scholarship winners and distributed them to the black press for "publicity purposes."[502] Likewise, he released a picture of Miss Rose Elizabeth Campbell, the winner of an NFIP grant in physical therapy, to 15 black newspapers.[503] Through this strategy, Bynum assured that the black press was always primed with "newsworthy" material.

Throughout the late 1940s and early 1950s, Bynum established an effective method to counter and reduce negative black press articles aimed at the Foundation and Warm Springs. Beginning in July 1945, he advised O'Connor that many African-Americans "believed that Negroes [were] excluded from Warm Springs." Although it was true that segregation led to exclusionary practices at Warm Springs, the efforts of Eleanor Roosevelt led to a few black Americans in the 1940s being granted entry into the facility for convalescent treatment.[504] To clarify this fact, Bynum suggested that the NFIP release "a picture with a cut line stating [that the] patient [was] being treated at Warm Springs" for the 1946 March of Dimes campaign.[505] Through his editorial contacts, Bynum setup a notification system whereby editors would clear all contentious articles through Bynum's department before they went into print. The resulting process, he explained to Savage, was based on respect and reciprocity:

> Our personal relationships have mutually reciprocal functions. We get space and the space is open to verified releases. Moreover, and as of great

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[500] Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA; Charles H. Bynum to Joe Savage, Memorandum, January 17, 1949, Re: Field Trips, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[501] National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5.

[502] Charles H. Bynum to W. C. Bowen, Memorandum, June 1, 1945, Re: May Report, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[503] Charles H. Bynum to W. C. Bowen, Memorandum, June 1, 1945, Re: May Report, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[504] Naomi Rogers, "Race and the Politics of Polio: Warm Springs, Tuskegee, and the March of Dimes," *American Journal of Public Health,* 97, 4 (May 2007), pp. 788, 791.

[505] Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945 Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

> importance, adverse reports are verified by us before they are published. To achieve the latter result, newspaper people have been authorized to call us collect before running stories of deviation from our policy. Thus, we are able to point out the factors delimiting a particular story and to enlist a newspaper worker as an ambassador.[506]

Bynum was therefore able to refashion several African-American news outlets into an extension of his department so that optimistic, "verified releases" were printed, while contentious, "stories of deviation" were rejected or revised. The strategy reduced the number of critiques in the black press and led to a broader positive awareness of the NFIP among African Americans.

With time, Bynum's press strategy realized impressive results. By 1947 he had convinced many of the leading African-American newspaper editors to actively promote the March of Dimes in print. As he explained to Savage: "The Negro newspaper with the largest circulation is giving the March of Dimes the strongest support, including an appeal following every news item, and the largest Negro newspaper covering the South is carrying an appeal in its front page masthead."[507] Likewise, in 1948 he noted that "the National Foundation received and secures more lines of space in Negro newspapers and periodicals than any other similar organization, and no news is carried in the Negro press unless it has specific and concrete racial and inter-racial significance."[508] In another example, a local black newspaper in 1949 "ran a column of letters from school children telling why the March of Dimes should be supported."[509]

With the assistance of secretary Hazel Brooks, Bynum tracked the success of his media venture by maintaining a clipping service of the black national press, as well as 27 state newspapers. He once boasted that his personal clipping service provided "100 direct channels of information on local campaigns and revealed campaign activities in hundreds of other localities."[510] Bynum and Brooks also tracked the efforts of black volunteers, gathered statistics for future articles, and secured evidence of his successes to justify his employment to inquiring NFIP officials. He was therefore able to draw NFIP executives' attention to positive developments and to contentious issues. In February 1946, he gathered reports that the participation of African Americans in Atlanta, Georgia, had improved due to the establishment of a "city-wide campaign organization."[511] Such information was passed on to the director of public relations. In turn, clippings from a September 1949 article in the *Pittsburgh Courier* described a proposed "Regional School Plan" funded by the NFIP at the Tuskegee Institute.[512] He brought the story to Joe Savage's attention, since the concept of a regional school was "opposed by most Negroes" in the community. Although it is not known whether Savage intervened to stop the plan, it was nevertheless timely news. Bynum's success at managing the black media resulted in the appreciation of fellow executives and the improvement of the Foundation's overall marketing strategy.[513]

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[506] Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[507] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[508] Charles H. Bynum to Basil O'Connor, Report, November 1, 1948, Re: Interracial Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 12.

[509] Charles H. Bynum to C. H. Crabtree, Memorandum, February 16, 1949, Re: Excerpt From Report to George LaPorte Re 1949 Campaign Publicity, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[510] Charles H. Bynum to Joe Savage, Memorandum, February 4, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Bridging Communities: Race and the Foundation's County Chapters

Bynum understood that encouraging white chapters to foster relations with black communities would promote mutually positive feelings and ultimately benefit the entire Foundation program. He therefore visited white chapter volunteers and educated them as to the benefits of seeking the participation of black Americans on their executive committees. Bynum was careful, however, to acknowledge the authority of Foundation state representatives. Before visiting white chapters, he made appointments with the appropriate state representative in order to "clear activities and to receive suggestions."[514] He also allowed state representatives to "determine whether contact" should be made with a certain white chapter to discuss issues of race relations. Through this circumspect method, Bynum was able to slowly enter into contact with county chapters without risking the alienation of grassroots volunteers or his associates.

As an executive from Foundation headquarters, Bynum was almost always well received by white chapter volunteers, although he was not always successful in convincing them to adopt his proposals. For instance, in July 1945, Bynum met with Miss Moran, a representative of the Greater New York chapter, to discuss the potential of including African Americans on the committee.[515] Records suggest that Moran listened to Bynum's suggestions, but it appears that little improvement was forthcoming. Undeterred by setbacks, Bynum continued to endorse interracial cooperation among chapter volunteers. In 1947, he visited the Charleston, South Carolina, white chapter to meet with the chairperson. During the meeting, he explored "the possibility of utilization of Negroes in the March of Dimes" and also encouraged the chairperson to attend an upcoming meeting with "key Negro leaders."[516] Bynum's persuasive approach ultimately led to conciliatory measures. In fact, some white volunteers began to actively promote the Foundation in black communities without Bynum's insistence. Bynum, in turn, aided white volunteers with the release of news items to their local and regional black press outlets.[517] In April 1948, Bynum visited Peoria, Illinois, where he met with white chapter officials to discuss "bridging the gap between the chapter and the Negro community."[518] In this instance, white officials were receptive to Bynum's assistance and asked him to recommend a suitable black candidate within the area to consult on cooperation. Through these practices, Bynum was able to educate chapter members of the benefits of interracial cooperation.

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[511] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[512] Charles H. Bynum to Joe Savage, Memorandum, September 16, 1949, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[513] Charles H. Bynum to Joe Savage, Memorandum, July 7, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[514] Charles H. Bynum, Memorandum, April 1945, Analysis of Activities – C. H. Bynum, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[515] National Foundation for Infantile Paralysis June 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 5.

Since extending chapter membership to black Americans was considered by Bynum to be an important step in improving both fundraising revenue and race relations, he attempted to convince white volunteers of the need for change. Bynum explained to white chairpersons that an unbiased membership policy would benefit the NFIP chapter in a number of ways: it would facilitate communication with black communities, foster positive feelings, and jumpstart the March of Dimes fundraising drive in January. However, at a time of widespread segregation, Bynum was frequently met with the reluctance of local white officers to seriously consider such suggestions. Bynum forced himself to refrain from showing frustration or openly disagreeing with the prejudiced perspectives of some white chapter volunteers. As he recalled:

> Mr. O'Connor told me don't fight volunteers. Don't start arguing with them. Talk to staff persons . . . . I told the [white] Chapter in Atlanta, Georgia, that you ought to have at least one black man on the Board of Directors. The largest contribution in the Fulton County Chapter in 35 years was given by a black barber. He had a chain of barber shops in the white communities. And I said well, he is a man who knows what he's doing. Why don't you just get him in there. We didn't get anywhere.[519]

Although faced with flat rejections, Bynum understood that it was more important to maintain a positive working relationship with white chapter volunteers than to risk alienating them over the issue of chapter integration. Despite his best efforts, the integration of NFIP chapters was sluggish and often linked to the personal commitment of the chapter chairperson in addition to the attitudes of other volunteers. According to southern regional director Warren Kingsbury, "you couldn't have an integrated chapter;

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[516] Charles H. Bynum to West J. Altenburg, Memorandum, December 22, 1947, Re: Excerpt from Field Trip Report, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[517] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[518] Charles H. Bynum to Howard Dayton, Memorandum, April 26, 1948, Re: Excerpt from Field Trip Report, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[519] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 11.

there were no integrated chapters."[520] Northern chapters followed a similar pattern, as Bynum remembered:

> Blacks were not involved in Chapter Activities. They were not members. If you take New York City, there was not a black Chapter.[521]

Due to the establishment of predominately white chapters in most counties by 1945, there was little impetus for black Americans to set up competing unofficial chapters, which would remain without resources, affiliation, or a polio treatment mandate. The only unofficial black chapter known to have remained active throughout this period was the Tuskegee Institute chapter.[522] Despite a widespread reluctance among white volunteers to pursue chapter integration, a small handful of chapters by the late 1940s began to extend executive membership to a select group of African Americans. The reason for this development appears to have been linked to Bynum's gentle persuasion, Foundation encouragement, and economics. It was perhaps evident to certain white volunteers that including black Americans in the chapter organization would improve communication, goodwill, and revenue in the March of Dimes. The few African Americans who were approved to serve on county chapters appear to have been professionals who had established connections in both the black and white communities. In the south, for instance, the Dade County, Florida, chapter in April 1947 approved the addition of a "Negro representative" to its board.[523] Similarly, the Miller-Bowie chapter of Texas extended executive membership to one black representative in 1944, three in 1946, and nine in 1948.[524] In the Midwest, chapters in Wichita, Kansas, as well as in Lincoln and Omaha, Nebraska, included black members.[525] Even though few chapters adopted token integration, Bynum considered such developments important victories for the Foundation and for civil rights.

"Dancing on Eggs": Race and the March of Dimes

Due to the measured progress towards the racial integration of county chapters and March of Dimes campaign organizations, Bynum and NFIP state representatives followed earlier grassroots examples by assisting with the formation of separate "Negro" campaign divisions. The key to this strategy was to identify and recruit qualified black residents to serve in each community as the campaign chairperson. Bynum once explained to O'Connor that the black volunteers selected to manage the campaign had to be the "very best leaders in their communities."[526] Bynum drew such leaders from the black professional class, including lawyers, teachers, or entrepreneurs, with preference for those who were respected in their communities, as well as demonstrated experience in organizing events or operating successful business enterprises. It appears that the majority of Bynum's appointees were men, although some sources indicate that women were occasionally selected.[527]

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[520] "Kingsbury, Warren – November 13, 1987," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, pp. 29-30.

[521] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 7.

[522] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 2. For more about T. M. Campbell, see Susan L. Smith, *Sick and Tired*, p. 88. For more about the founding members of the Tuskegee chapter, see "Original Chapter Members," November 20, 1940, Chapter Personnel, Alabama, Tuskegee Institute (Macon County), MDA.

[523] Charles H. Bynum to Joe Savage, Memorandum, April 16, 1947, RE: Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[524] Charles H. Bynum to Joe Savage, Memorandum, February 4, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[525] Mr. Brooks to West J. Altenburg, Memorandum, April 18, 1950, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

With leadership of the black campaign division in place, Bynum often assisted the designated chairperson in the recruitment of fundraising volunteers. Due to a growing awareness of the March of Dimes, many African Americans were willing to take part in raising funds. As Bynum recalled:

> I found that all you had to do was to go into a community and ask the high school principal, the physician, or somebody and say that we need some helpers. And they were glad to be asked.[528]

Once a black fundraising division was formed, Bynum notified the white campaign chairperson of its existence and obtained the mutual assurances of both campaign leaders of cooperation. He would repeat this process in every black community he visited.[529] Bynum not only facilitated the building of an interracial fundraising system but also one that maintained direct NFIP affiliation by bridging the white and black communities. This approach eased local tensions and reduced the likelihood of a parallel black polio fundraising drive.

With the establishment of hundreds of separate black March of Dimes campaign organizations across the United States by 1946, Bynum undertook a paternal role in monitoring their progress and their level of cooperation with white campaign organizations. One of the first lines of communication was through NFIP state representatives.[530] Due to the strategic position held by state representatives in the NFIP hierarchy (below the regional director and above local chapter chairpersons), they became vital to the success of gathering and disseminating interracial program information, as well as in fostering an environment within their state favorable to campaign cooperation. As Bynum explained in 1947 to regional director, Robert A. Burcaw:

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[526] Charles H. Bynum to Basil O'Connor, Memorandum, July 23, 1945, Re: Promised 'News,' "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[527] For instance, the black campaign chairman in St. Petersburg, Florida, was a woman who was also president of the State Federation of Women's Clubs. See Charles H. Bynum to Joe Savage, Memorandum, April 30, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[528] "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 17.

[529] There are many memorandums concerning visits to black campaign organizations. For examples, see Charles H. Bynum to George LaPorte, Memorandum, July 2, 1946, Re: Travel, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[530] National Foundation for Infantile Paralysis May 1945 Report, "Monthly Reports of Departments and Divisions, 1945-1949," Series 14: Poliomyelitis, Box 14, Medical Program Records, MDA, p. 4.

> State Representatives have the responsibility to lead, encourage, and advise the appointment of Negro people to essential committees. . . . State Representatives can give much aid and comfort to Campaign Directors by having an understanding of and appreciation for the Campaign Director's position and by being familiar with what the Negro wants and expects in terms of greater March of Dimes participation. . . . I believe sufficient basic discussion material has been mentioned in this memorandum to enable State Representatives to "sell" Campaign Directors on Negro participation.[531]

Although some state representatives were initially not supportive of Bynum's agenda, by 1947 he reported to have attained 100% responsiveness.[532] Bynum also persuaded state representatives to keep him abreast of local conditions. He requested that they "supply data on [the] degree of Negro participation" and also furnish him with "basic materials for press releases."[533] The ongoing communication and reporting worked so well that by 1948 Bynum had accumulated current statistics concerning the dynamics of campaign participation for African Americans across the nation. By maintaining a positive rapport among NFIP state representatives, Bynum not only increased the flow of information to and from the field but also aroused their interest in supporting the role of black volunteers.

To help offset the responsibility of state representatives, Bynum visited white and black campaign volunteers personally to determine the level of cooperation, as well as to ease frustrations or contend with mounting problems. As Bynum once explained:

> When I visit March of Dimes volunteers I am expected to be prepared to inspire and to orient volunteers. There is a gulf between Negro leadership and [white] campaign leadership which I must bridge to the advantage of both parties. . . . Rarely do I know in advance what to expect when I make a visit. There may be reasons for stubborn resistance to invitations to join the March of Dimes organizations, reasons not known by [white] March of Dimes Chairman but which become apparent to me. Blindfolded, I am eternally dancing on eggs and I must never break them. During the dance

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[531] Charles H. Bynum to Robert Burcaw, Memorandum, September 2, 1948, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[532] Charles H. Bynum to Joe Savage, Memorandum, March 27, 1947, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[533] Charles H. Bynum, Report, April 1945, Analysis of Activities – C. H. Bynum, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA, p. 2. For other evidence of cooperation, see Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

> I must find questionable eggs and juggle them until elimination is accomplished.[534]

Although Bynum had the power to make suggestions, he typically relayed his concerns over "questionable eggs" to state representatives and requested their adjudication or replacement of problem individuals.[535] For example, Bynum reported that campaign officers in Memphis, Tennessee, had refused to work with leaders from African-American communities during the 1947 drive. Disappointed, he explained: "I probed for justification of position taken by the [white] chapter in relation to organized participation by Negro people and could not ascertain the validity of the position."[536] Although it is not known how state representatives reacted to Bynum's appraisals of white campaign leaders, it is likely that investigations were conducted.

Personal visits also enabled Bynum the opportunity to extend his support to black campaign leaders, some of whom felt alienated or unappreciated for their efforts. For example, in July 1947, Bynum visited the black March of Dimes chairperson in Nashville, Tennessee, who reportedly "felt he had not received proper recognition for his services." Bynum spent several hours counseling the volunteer and managed to replace his "feeling of insecurity" with "a feeling of leadership."[537] However, if black campaign leaders did not reach Bynum's expectations, he notified state representatives of his desire to replace them. In March 1948 he requested that South Carolina state representative Julian Martin replace the Columbia black chairperson, M. A. Entzminger.[538] According to reports, Entzminger's leadership had led to a "breakdown in the organization" such that black volunteers "were still holding funds collected in January."[539] Similarly, in 1949, Bynum pressed for reevaluation of the suitability of the black campaign leader in Jackson, Mississippi, who reportedly offered "no real leadership" and since he did not "have the confidence of the community" the campaign "fell below expectations."[540] Although not all NFIP officials agreed with Bynum's assessment of black campaign leaders or always intervened to replace them, it remains clear that he maintained high expectations and was not afraid to offer candid assessments of performance.

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[534] Charles H. Bynum to Dorothy Ducas, Memorandum, January 11, 1955, Re: Field Trips, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[535] For an example of Bynum expressing outrage at the lack of cooperation among white representatives, see Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[536] Charles H. Bynum to Joe Savage, Memorandum, February 4, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[537] Charles H. Bynum to Joe Savage, Memorandum, July 29, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[538] Charles H. Bynum to Julian Martin (South Carolina), Memorandum, March 30, 1948, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[539] Charles H. Bynum to Joe Savage, Memorandum, March 30, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[540] Charles H. Bynum to Joe Savage, Memorandum, April 8, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Even though Bynum offered guidance to many black campaign leaders each year, he soon realized that a more comprehensive training scheme needed to be devised to "bridge gaps in the campaign organization."[541] Due to the unwillingness of many white campaign officers to cooperate with their black counterparts in March of Dimes planning, Bynum announced in 1946 a separate pre-campaign meeting designed to prepare black leaders to coordinate their own fund drives irrespective of white campaign cooperation.[542] The resulting Tuskegee Conference for Campaign Leadership was a pioneering event intended to train black fundraising leaders, foster networking opportunities, and provide delegates with a sense of "belonging" to the national polio crusade.[543]

The pre-campaign meetings were held once per year between October and December, prior to the January March of Dimes campaign. For example, the 1948 meeting was held on December 1 and included "March of Dimes campaign leaders from key cities in the Southern and Southwestern states," as well as from several major "Eastern cities."[544] Bynum originally intended to host a series of pre-campaign meetings across the South, at major centers such as Raleigh, North Carolina, and Dallas, Texas, but due to poor white chapter response and financial complications, he decided to channel energy into one meeting held at the Tuskegee Institute in Alabama.[545]

Black delegates were selected to attend the meeting by one of two methods. The first was by white chapter or campaign officers' nomination of a black volunteer. In such cases, expenses for the trip were incurred by the county chapter. However, even if white campaign officials recognized the existence of black campaign workers, they were not necessarily guaranteed financial support to attend the Tuskegee pre-campaign meeting. In one instance, Texas state representative Porter Brashier reported that chapter chairpersons were refusing to pay for the attendance of black delegates, since "the feeling [was] that returns from the Negro Division [had] been so small in previous years that sending delegates to Tuskegee [had] not paid off."[546] Despite the considerable African-

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[541] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 3.

[542] Charles H. Bynum to Raymond Barrows, Memorandum, February 14, 1952, Re: Campaign Activities, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[543] For an example of a black campaign leader that became involved in the Tuskegee Pre-campaign Conference, see Charles H. Bynum to Joe Savage, Memorandum, March 30, 1948, Re: Field Trip March 11-27, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[544] Charles H. Bynum to Mrs. B.B. Walcott (Tuskegee), Letter, November 17, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA. For "Eastern Cities" reference, see Charles H. Bynum to Mr. E. Frederick Morrow (U.S. Department of Commerce), Letter, October 10, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[545] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[546] Unfortunately, only limited correspondence exists at the MDA related to the Tuskegee Pre-Campaign Meeting for years 1950-1954. Consequently, I have had to draw on later correspondence to highlight such cases, which can be safely assumed to have existed at earlier times. See Porter Brashier (Texas) to Frank

American population in Texas, local patterns of racism continued to influence negatively the perception of some white chapter chairpersons towards black volunteers.

The second method of gaining access to the meeting was by personal invitation of Bynum, who actively recruited and arranged for the NFIP to pay the transit expenses for select black community leaders, physicians, and national organization heads.[547] Bynum was particularly selective in whom he invited to the event. Educational background, socio-economic status, and leadership experience all appeared to have played a role in his choices. In at least one instance he refrained from directly inviting black March of Dimes volunteer Mrs. Carrie B. Smith of South Carolina despite her request to be included. He instead suggested that she seek the nomination of her chapter and that it was not possible for him to interfere with local issues.[548] However, a case exists in which Bynum did intervene and lobby a local chapter to send his chosen delegate.[549] It would therefore seem reasonable to assume that Bynum rejected Smith's request as the grammar and structure of her letter hinted at her limited educational background. Although Smith was eventually able to attend the meeting, it was only through the diligence of the white chapter. If Bynum was arranging for the Foundation to pay the travel expenses of black campaign leaders, it would appear that they had to meet his minimum standards. As a pragmatist with limited resources and respect for educated volunteers, Bynum apparently did not believe it justifiable to extend privileges to those of uncertain capability.

Once the invitations were sent, Bynum faced monumental obstacles in organizing the meeting. Problems in working with segregated transportation, preparing a suitable agenda, arranging accommodations, and booking facility tours, became a focus of his activities months in advance. Since Bynum wanted to create a positive first impression for the arriving delegates, he arranged for the group to be greeted by a representative of the Tuskegee Institute. As exemplified in 1948, since Tuskegee President Dr. F. D. Patterson was unable to welcome the delegates personally, Bynum requested that the Tuskegee Director of Public Relations and former Executive Secretary of the National Negro Business League, Mr. Albon Holsey, "extend greetings to [the] group."[550] Bynum also arranged for special invitations for the presidents of the graduate sorority chapters, including Phi Delta Kappa, Alpha Kappa Alpha, and Delta Sigma Theta, to attend the

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Donaldson (NFIP), Memorandum, October 3, 1956, Re: Tuskegee Pre-Campaign Meeting, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[547] For an example of money being requested to attend, see Anna Mae Dickson (Columbia, SC) to Charles H. Bynum, Letter, October 16, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[548] For Smith's letter, see Mrs. Carries B. Smith to Bynum, Letter, July 2, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA. For Bynum's reply see Charles H. Bynum to Mrs. Carries B. Smith, Letter, July 11, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[549] Charles H. Bynum to Mr. Arthur Dyer (Dallas County Chapter), Letter, October 3, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[550] Charles H. Bynum to Dr. F.D. Patterson (Tuskegee), Letter, November 17, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA. With reference to Albon Holsey's position, see Albon L. Holsey, "Public Relations Intuitions of Booker T. Washington," *The Public Opinion Quarterly*, Vol. 12, No. 2 (Summer, 1948), pp. 227-235.

luncheon.[551] The day before, as delegates arrived, Bynum found himself overwhelmed with responsibility. As he once explained in a 1954 memorandum:

> Our meetings at Tuskegee involve my office in a maze of detail, detail which requires me to function as a representative of Public Relations, Fund Raising and Chapter Departments. At Tuskegee, I must function as Hotel manager, state representative, state March of Dimes chairman, county campaign director, city campaign director and state women's advisor.[552]

In spite of his overwhelming duties, Bynum coveted these diverse roles as they allowed him to sustain direct contact with delegates and remain the locus of race relations for the NFIP. It would appear that Bynum enjoyed the attention garnered from his preeminent role and blossomed when he was in charge. Yet Bynum also had a great deal of support in managing the event, including assistance from Tuskegee staff, chapter volunteers, college sorority women, and NFIP headquarters personnel. Bynum recounted how at one meeting "Miss Whitelaw helped [him] accommodate early arrivals," while his secretary, Hazel Brooks, kept him "free of all details and anticipated necessary aid."[553] The pre-campaign meeting was therefore a significant undertaking for the entire NFIP, which mobilized numerous volunteers to assure its success.

As part of his effort to provide delegates with a feeling of "belonging" to the March of Dimes and a step towards the prospect of a racially integrated program, Bynum convinced NFIP directors, including Dr. Hart Van Riper, Warren Coss, George Voss, and Elaine Whitelaw to attend and present at the meeting. Bynum wrote NFIP directors convincing appeals, including to Van Riper in 1952 stating that his "presence would mean much to our meeting and would be a very real inspiration to the delegates assembled."[554] The celebrity-factor ascribed to headquarters directors became a prime motivation for many black delegates to attend the meeting, since few had ever met high-ranking headquarters personnel. Bynum often capitalized on this fact as in one letter to Mrs. B. B. Walcott of Tuskegee in which he reminded her of the potential benefit of attending the luncheon to hear a presentation delivered by Whitelaw.[555] Delegates were enthralled with the attending headquarters staff, such as Coss, who quickly became a "favorite" as he reportedly "grapple[d] with the delegates' problems and [sought] constructive solutions."[556] In turn, the NFIP directors who accompanied Bynum were impressed by the enthusiasm of the black delegates. Coss recounted his positive experience as he found that "the meeting was well attended and a great deal of interest was shown by the delegates."[557] Clearly, NFIP directors aided Bynum in establishing positive sentiments and the energy that came from being part of a national organization. In this respect, the ideology behind the Tuskegee meeting followed methods employed by the earlier Annual Tuskegee Negro Conferences and the Commission for Inter-racial Cooperation of the 1920s, which brought together white and black leaders to devise a common purpose and mutual understanding to overcome prejudice.[558]

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[551] Charles H. Bynum to Mr. Albon Holsey (Tuskegee), Letter, November 17, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[552] Charles H. Bynum to Dorothy Ducas, Memorandum, November 30, 1954, Re: Field Trips, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[553] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, pp. 1-3.

[554] Charles H. Bynum to Dr. Hart Van Riper, Memorandum, August 25, 1952, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[555] Charles H. Bynum to Mrs. B. B. Walcott (Tuskegee), Letter, November 17, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

In addition to increasing delegate morale, the meeting was thoroughly didactic. According to meeting records from 1948, the morning session featured Coss, who presented on how to use "campaign materials and discussed campaign procedures," including the use of "emotional appeal," the "importance of publicity," and the application of "poster and flyer."[559] Coss was followed by Florida state representative Mr. L. A. Alexander who outlined the duties of fundraising chairman.[560] The afternoon sessions featured round table discussions on effective fundraising strategies and panel meetings with state representatives from Tennessee, Alabama, Mississippi, and Texas.[561] During these open sessions, Bynum frequently monitored the discussions and censored white NFIP staff members in order to prevent them from getting entrenched in complex racially charged issues. In particular, Bynum reminded his companion NFIP directors "to treat all [black] subjects exactly as they would be treated at any other campaign meeting" and warned that if a question from a black delegate was "loaded," he would personally "'beat the gun' with the answer."[562] By intervening, Bynum hoped to prevent his fellow directors from inadvertently making prejudiced statements that could undermine the spirit of cooperation. In fact, Bynum explained to Joe Savage how he "frequently blocked [his] team associates when they felt qualified to volunteer contributions" on complex race issues.[563] Bynum sensed how delicate the discussions were and wanted to remain the official voice of the NFIP on issues of race relations. He knew that years of effort and trust could be dismantled by misunderstandings and racist statements. As he once explained to O'Connor: "It is virtually impossible to correct a mistaken impression. And rarely is a national organization forgiven for any activity which humiliates."[564] Through this intensive meeting schedule, black delegates acquired key strategies in fundraising methods, community organization, as well as an opportunity to ask questions and voice their concerns to a receptive group.

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[556] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 2.

[557] Warren Coss to Joe Savage, Memorandum, December 7, 1948, Re: Trip to Tuskegee Institute, December 1, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[558] For the Annual Tuskegee Negro Conferences, see Susan L. Smith, *Sick and Tired*, p. 43.

[559] Warren Coss to Joe Savage, Memorandum, December 7, 1948, Re: Trip to Tuskegee Institute, December 1, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA; Charles H. Bynum, Report, [February] 1948, Summary of 1948 Tuskegee Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[560] Warren Coss to Joe Savage, Memorandum, December 7, 1948, Re: Trip to Tuskegee Institute, December 1, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[561] Charles H. Bynum et al., Agenda, [November] 1948, Tuskegee Meeting of Negro Campaign Leaders, December 1, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[562] Charles H. Bynum to Dorothy Ducas, Memorandum, October 22, 1956, Re: Tuskegee Pre-campaign Meeting, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[563] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, p. 3.

The Tuskegee meeting also provided delegates with first-hand knowledge of the NFIP polio treatment and medical staff training programs. Awareness of these programs was garnered by a tour of the Tuskegee John A. Andrew Memorial Hospital Infantile Paralysis Center by its director, Dr. John Chenault.[565] For delegates that arrived early, Bynum also arranged self-guided or "drop in" tours with Chenault's permission.[566] By touring the polio unit, delegates met black polio patients, physicians, nurses, and physiotherapists, which added to their awareness of the treatment program, as well as the comprehensive training received by the medical staff. Delegates who returned to their communities were therefore prepared to convincingly enumerate the numerous benefits of the NFIP program and the need for continued support.

From its inception in 1946 through the mid-1950s, the pre-campaign meeting changed in both duration and magnitude. Although the first Tuskegee pre-campaign meeting was a trial run with perhaps a dozen delegates, there was considerable growth in attendance over subsequent years. For instance, in 1947 approximately 50 delegates attended, a year later the number had almost doubled to 91 delegates representing 76 cities.[567] By its tenth anniversary, nearly 400 delegates were present.[568] Further changes occurred upon the conclusion of the 1948 meeting when Bynum determined that a single-day did not provide adequate time to meet all delegates or find out about local situations. He also believed that one day did not "permit sufficient time for free enough expression by delegates" and that many were "too rushed to exchange ideas amongst themselves."[569] Consequently, he received approval from NFIP officers to expand the meeting to cover two days. The lengthened agenda enabled Bynum to realize new possibilities, including evening networking opportunities for delegates and an additional day of presentations, tours, and training sessions.[570] The expansion of the meeting ultimately increased the value for delegates, yet its very success also highlighted the slow progress being made at chapter and campaign integration. Bynum reminded Dorothy Ducas that:

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[564] Charles H. Bynum to Basil O'Connor, Memorandum, November 1, 1948, Re: Interracial Activities, Dianne H. McDonald private collection, New York.

[565] Charles H. Bynum to Dr. John Chenault (Tuskegee), Letter, November 17, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[566] Charles H. Bynum to Dr. John Chenault (Tuskegee), Letter, November 17, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[567] Calculations for the 1947 meeting are based on a reference made in Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA. Calculations for 1948 are based on a reference made in Charles H. Bynum, Report, [February 1948], Summary of 1948 Tuskegee Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[568] Charles H. Bynum to Mr. E. Frederick Morrow (U.S. Department of Commerce), Letter, October 10, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[569] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 3.

> Delegates attending the meeting will be deeply concerned about the campaign organization in which they work. They will know by experience that most of their activities will parallel the activities of the county or city organization rather than function as integral parts of the over-all organization.[571]

While segregated patterns persisted, the pre-campaign meeting filled a gap. In 1954, Bynum made another adjustment to the evolving pre-campaign concept by holding two separate meetings at Tuskegee: one "restricted to Alabama volunteers" and another designed for the remaining volunteers from southern and some Midwestern states.[572] Although no evidence exists to explain this change, it may be reasoned that Bynum separated these groups due to their differing needs. Since the event was hosted in Alabama and heavily represented by local state delegates who had a long history of fundraising with the March of Dimes, their interests varied from regions with fewer delegates or ones that had less familiarity with the NFIP.

By conducting the pre-campaign rally, Bynum and NFIP staff became further aware of regional race relations and acquired "an appreciation as compared with a sensing" of the problems.[573] In a 1947 memorandum to Savage, Bynum expressed the view that from his experiences at the meeting, there was "need for finding some additional means of reaching more Negro people with the National Foundation story."[574] This observation led Bynum to conduct additional outreach work. Similarly in 1948, Bynum rated all southern states based on delegate participation at the meeting and overall chapter cooperation. Evaluations for what he deemed promising states, such as Alabama, were rated at "300%" or Mississippi at "85%," whereas states such as Virginia, North Carolina, Tennessee, and Oklahoma were condemned as he had heard no response from white representatives and believed his memoranda concerning the pre-campaign meeting had been deliberately ignored.[575] Disappointment at such situations forced Bynum to call into question the "full appreciation of job responsibility by [white] representatives."[576] By making Savage aware of the status of race relations in different locales, Bynum was not only educating but also influencing the perceptions of certain white volunteers among headquarters personnel. Although volunteers could be replaced if subsequent cooperation was not forthcoming, it would appear that most eventually followed the growing interracial mandate of the Foundation.

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[570] Charles H. Bynum, Agenda, 1955, "Pre-campaign meetings, Tuskegee Institute, 1955," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[571] Charles H. Bynum to Dorothy Ducas, Memorandum, October 22, 1956, Re: Tuskegee Pre-campaign Meeting, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

[572] Charles H. Bynum to Dorothy Ducas, Memorandum, November 30, 1954, Re: Field Trips, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medial Program Records, MDA.

[573] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 3.

[574] Charles H. Bynum to Joe Savage, Memorandum, November 18, 1947, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[575] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 2.

Committed to addressing the issues that had been raised at meetings, Bynum also compiled study problems which he sent to all state representatives. For instance, he concluded after one pre-campaign meeting that significant problems remained, including providing African-Americans with a "feeling of belonging" and identifying which "campaign supplies [would] best meet the needs of the workers."[577] By sharing the burden of resolving these problems with national personnel, including regional directors, state representatives, and white chapter officers, Bynum could evaluate how receptive each locale was to his mandate, as well as gain support from those that understood.

Upon closing the annual pre-campaign meeting, Bynum conducted a major correspondence drive directed at delegates and volunteers. For black campaign chairpersons who were unable to attend, Bynum sent complete seminar "kits" that included fundraising materials, planning tips, and a summary of the meeting proceedings.[578] The effective use of campaign supplies took on a major emphasis in these letters, as Bynum knew that the results of local campaigns would improve if posters and pamphlets featuring African-Americans were utilized. Since black fundraising chairpersons were subordinated to the white campaign leaders, the summary packages pressed Tuskegee delegates to urge their white campaign directors to "order . . . [their] special supplies immediately," including packages of 25 African-American poster child posters for $2.00.[579] Bynum also used post-workshop correspondence to maintain his friendships with attendees. He wrote personalized thank-you notes to recognize their efforts and to request their feedback. A letter to the Treasurer of Tuskegee Institute, Luther Foster, served as one opportunity to thank members of the Tuskegee staff for "their gracious and generous cooperation."[580] In turn, a personal letter to young Jane C. Campbell, daughter of Mrs. T. M. Campbell of Tuskegee, expressed thanks for her contribution as "a wonderful model in our fashion show."[581] Bynum also followed-up on meeting participants to reinforce key fundraising strategies. As he reminded meeting delegates in 1954:

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[576] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 1.

[577] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 3.

[578] Charles H. Bynum to Joe Savage, Memorandum, December 9, 1948, Re: Tuskegee Fund-Raising Meeting, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA, p. 1.

[579] Charles H. Bynum, Summary of 1948 Tuskegee Meeting, [February] 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, p. 3.

[580] Charles H. Bynum to L.H. Foster (Tuskegee), Letter, December 13, 1948, "1948, Tuskegee Institute," Series 1: Campaign Materials, Box 1, Fund Raising Records, MDA.

[581] Charles H. Bynum to Miss Jane C. Campbell, Letter, November 23, 1956, "Pre-campaign meetings, Tuskegee Institute, 1956," Series 4: Meetings, Box 8, Conferences and Meetings Records, MDA.

> During the month I shall be looking for news stories of your March of Dimes activities. You should send, with regularity, pictures and news stories to your local, state, and regional newspapers, and send at least one story and picture to the national newspapers. Of course you know I am expecting to receive reports on your campaign activities. Do not forget to send me pictures of campaign stunts, special events, etc. Be certain to get March of Dimes in the picture. Publicity pays off. Make good use of it.[582]

Bynum sought accountability of black campaign leaders and only through his ongoing surveillance could he measure their capabilities to determine if the pre-campaign meeting had provided adequate training and motivation. His management of the meeting generated a great deal of optimism among black delegates, as well as inspired them to organize activities and exceed previous fundraising quotas. In addition, such activities contributed to the health education campaigns and public health work of black Americans nationwide.[583] Finally, the meeting served to increase civil rights momentum, since black campaign leaders were able to establish supportive contacts and engage in discussions concerning the politics of race relations in different regions.

Maintaining interracial cooperation in the March of Dimes was an ongoing, volatile affair. Results varied, since success depended upon settlement patterns, the size of the black population relative to the white population, as well as the respective attitudes of black and white campaign leaders. With some notable exceptions, white campaign organizations in northern and midwestern states had among the highest levels of interracial collaboration. Campaign divisions in the southern states, although initially excluding black Americans, slowly forged cooperative alliances. The far West, in turn, remained "spotty but encouraging."[584] In 1947, for instance, campaign activities among black and white volunteers in Savannah, Georgia, reached an impasse.[585] Bynum, ever wary, learned that inquiries made by black campaign organizers had irritated the white campaign leader such that "efforts to secure [the] participation by Negroes" became "stymied."[586] Bynum carefully "resolved the problem" by acting as an arbitrator and diffusing the frustration manifested on both sides. Despite his efforts to improve relations in Savannah, by 1948 the campaign organization evidenced a "lackadaisical attitude" and a postponement of activities.[587] In turn, failure to identify and resolve such misunderstandings led to regressive practices among some white campaign officers. The white campaign in Port Arthur, Texas, although inviting the cooperation of black Americans in 1944, failed to seek a similar alliance in their 1945 and 1946 campaigns.[588] Constant vigilance of community-level racial politics was therefore mandatory to assure ongoing collaboration in some locales.

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[582] Charles H. Bynum to [Tuskegee Pre-Campaign Meeting Participants], Letter, December 31, 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[583] For more information about health education campaigns and public health work, see Smith, *Sick and Tired.*

[584] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[585] Charles H. Bynum to Joe Savage, Memorandum, May 13, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[586] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Pockets of sustained resistance to campaign cooperation were also evident primarily in the South, but occasionally in the North, West, and Midwest. White campaign leaders in Dallas and Ft. Worth Texas, Mobile, Alabama, New Orleans, Louisiana, and Memphis, Tennessee, adamantly refused to invite the participation of black Americans throughout the 1940s and early 1950s.[589] Likewise, white campaign officers in New York City and Los Angles, California, rejected Bynum's interracial fundraising program, forcing black campaign leaders to either abandon or run their own independent drives.[590] Undeterred, Bynum considered objections to his plan an ongoing challenge. Texas, in particular, became a "pet project," as he believed the state had significant potential if managed carefully.[591] In 1948, Bynum conducted an ambitious field trip to Texas where he met with representatives from the Texas Negro Chamber of Commerce, as well as a number of white state representatives and chapter officials. His trip not only inspired black leaders to work towards reconciliation but he mollified many of the objections posited by white volunteers. Although results continued to vary on a city-by-city basis, Bynum used education and diplomacy to reorient community practices.

To compensate for instances when assistance from white campaign volunteers was not forthcoming, black Americans devised their own strategies. In one instance, 31,048 members of the predominantly black New Homemakers of America collected and donated $1,000 for the provision of a school room at the Tuskegee Infantile Paralysis Center.[592] Similarly, black women's groups coordinated fundraising campaigns within the ranks of their own membership. Some black Americans, therefore, found ways to show their support for the polio crusade even when Bynum or state representatives were unable to assure cooperation at the county level.

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[587] Charles H. Bynum to Joe Savage, Memorandum, February 4, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[588] Charles H. Bynum to Joe Savage, Memorandum, July 3, 1947, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[589] For problems with Dallas, Ft. Worth, and Mobile, see Charles H. Bynum to Joe Savage, Memorandum, July 3, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For information about Texas and Louisiana, see Charles H. Bynum to Joe Savage, Memorandum, December 9, 1949, Re: Field Trips, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For problems with Memphis, see Charles H. Bynum to Joe Savage, Memorandum, February 4, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[590] For problems in New York City, see Charles H. Bynum to Robert Burcaw, Memorandum, September 2, 1948, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For problems in California, see Charles H. Bynum to Warren Coss and George LaPorte, Memorandum, September 27, 1948, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[591] For more information about Texas as a "pet project," see Charles H. Bynum to Joe Savage, Memorandum, August 10, 1948, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[592] "257 Delegates at Morgan for Homemakers' Session," June 19, 1948, *The Baltimore Afro-American*, p. 18.

Despite considerable challenges, important successes were realized, including sustained interracial cooperation in many communities and occasionally full campaign integration. Based on Bynum's observations, 1947 marked the "first year that participation of Negroes [in the March of Dimes became] nation-wide."[593] The stubborn resistance of white volunteers was overcome in Birmingham, Alabama, that year with its first-ever interracial March of Dimes campaign. Positive relations in Birmingham ensued as the black "campaign leadership [was] elated by [the] type of cooperation extended by [the white] campaign chair."[594] Similarly, in Miami, Florida, local white campaign leaders made arrangements to extend invitations to 5,000 African Americans to attend a major fundraising event at the Orange Bowl stadium. According to reports from Miami, "the cooperation given to the Negro community . . . inspired the workers to warrant the respect [that was] shown them."[595] Full integration of March of Dimes campaign drives was realized in a few northern communities from 1951 onward. In particular, the Wayne County chapter in Detroit, Michigan, was able to racially integrate its campaign that year.[596] Bynum and the Foundation team were therefore able to make important inroads in establishing practices of black and white cooperation to conquer of "the crippler."[597]

Interracial cooperation also extended throughout the Mother's March on Polio.[598] Originally conceived in 1950 by women volunteers in Phoenix, Arizona, the Mother's March on Polio was a highly coordinated single-evening door-to-door March of Dimes canvassing strategy, in which families indicated willingness to contribute by turning on their house porch light.[599] Women volunteers, called marching mothers, would then solicit only the houses on their street that had their porch lights on. From the beginning, this grassroots campaign moved beyond white communities to encompass volunteers from "minority groups," including "Negro and Mexican mothers who had never before been asked to take an active part in a community wide project."[600] The spirit of cooperation transgressed class and race lines, such that families "stood in front of their shacks or humble homes, holding candles, lanterns, and even matches to welcome marching mothers."[601] The sizable monetary returns led other communities to adopt similar practices. According to scholar Heather Wooten, the 1952 Mother's March organizer Mary Greenwood of Houston, Texas, successfully extended the Harris County campaign to Latino and African-American districts.[602]

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[593] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[594] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[595] Charles H. Bynum to Joe Savage, Memorandum, January 17, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[596] Charles H. Bynum to Warren Coss, Memorandum, February 20, 1951, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[597] For a discussion of conquering "the crippler," see Robert F. Hall, *Through the Storm: A Polio Story* (Minnesota: North Star Press, 1990); Sally Aitken, Helen D'Orazio, and Stewart Valin, eds., *Walking Fingers: The Story of Polio and Those Who Lived With It* (Montreal: Vehicule Press, 2004); Turnley Walker, *Rise Up And Walk* (New York: E.P. Dutton & Co., 1950); Joan E. Morris, *Polio & Me, Now & Then: Now is 2004 – Then was 1942* (Bloomington: Authorhouse, 2004); Kathryn Black, *In the Shadow of Polio: A Personal and Social History* (Cambridge: Perseus Publishing, 1996). For an example of the language, see "City Urged To Lead In March Of Dimes," *New York Times*, Jan. 16, 1945, p. 15.

[598] *Mother's March on Polio*, National Foundation for Infantile Paralysis (DVD, 1951; New York: March of Dimes Archives, 2006).

[599] David M. Oshinsky, *Polio: An American Story* (New York: Oxford University Press, 2005), p. 88.

Due to Foundation officials' efforts at training black campaign leaders and furthering interracial cooperation at the community-level, African-American contributions to the March of Dimes steadily increased. For example, Bynum projected that effective solicitation of the 70,000 African Americans residents in Miami, Florida, would net $3,500 to $5,000 (an estimate of $0.05 to $0.07 per capita).[603] Yet his projections for many regions were not only met – they were often exceeded. The first March of Dimes campaign organized by Bynum in the New York City black community set a daily goal of $20. In spite of the challenges of gaining the support of black Americans in New York City, he reported that the drive was "successful both in terms of exceeding the hoped for daily average and in terms of the firm establishment of a basis for future development."[604] In the southern states, the first-ever African-American campaign in St. Petersburg, Florida, raised $900 in a population of 11,000, while the black population in Norfolk, Virginia, raised $2,971 their first year.[605] In turn, African Americans in Birmingham and Tuskegee, Alabama, raised $8,595 and $4,500 respectively – adding to the national African-American 1947 March of Dimes donation total in excess of $42,625.[606] By the 1950s, Bynum estimated that of all the money raised in the March of Dimes, five percent in the north and ten to twenty-five percent in the south could be traced to African-American donors. As he later claimed:

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[600] Heather Green Wooten, "The Polio Years in Harris and Galveston Counties, 1930-1962," (PhD thesis, The University of Texas at Galveston, 2006), p. 123; Oshinsky, *Polio and American Story*, p. 88; Gregg Mitman, "The Color of Money: Campaigning for Health in Black and White America," In *Imagining Illness: Public Health and Visual Culture*, edited by David Serlin (Minneapolis: University of Minnesota Press, forthcoming 2009).

[601] Oshinsky, *Polio and American Story*, p. 88.

[602] Wooten, "The Polio Years in Harris and Galveston Counties," p. 124.

[603] Charles H. Bynum to George LaPorte, Memorandum, February 14, 1946, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[604] Charles H. Bynum to George LaPorte, Memorandum, February 28, 1946, Re: 1946 March of Dimes, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. For information about the difficulties of New York City, see "Bynum, Charles – January 15, 1988," Series 1: Interview Transcripts [uncorrected version], Box 1, Oral History Records, MDA, p. 7.

[605] Charles H. Bynum to Joe Savage, Memorandum, March 7, 1947, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[606] This total, unfortunately, is incomplete as local campaign organizations did not specifically delineate the black and white funds. The total listed is only based on available / reported newspaper reports that Bynum accumulated. Charles H. Bynum to Joe Savage, Memorandum, March 27, 1947, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA. See also "She Led Polio Drive," *Baltimore Afro-American*, February 16, 1946, p. 14.

> Using the formula of economists for advertising agencies, we should plan and expect to receive 2% – 5% of M.O.D. funds from the Negro community. As a matter of fact this is a national average. We reach, I believe, the upper range. In Regions II and V [(Southern and South Central, respectively)] the average range is 10% – 25%.[607]

Although it is difficult to confirm Bynum's percentages, it remains clear that from 1946 onward, African Americans became eager March of Dimes supporters. This reality not only provided Bynum with a strong personal sense of accomplishment but ultimately assured his continued employment at the NFIP.

Conclusions

Bynum's field activities between November 1944 and December 1954 met with some setbacks but also some important victories. Through numerous trips, he tapped the volunteer resources of many national black organizations and obtained the respect of their leaders. Establishing connections at black schools and colleges yielded among the highest per capita contributions in the fight against polio. The impact of black community activism, especially through the support provided by black women's groups, brought greater awareness and resources to the March of Dimes. By remaining attuned to the shifting needs of each community, Bynum helped to make the March of Dimes a marketable entity. Such successes were not only ascribed to Bynum's unique personality but also due to the resources and support of Foundation personnel. As a team player, Bynum benefited from the assistance of state representatives and senior executives at headquarters who helped him devise strategies and gather information.

Bynum achieved remarkable results in forging alliances with members of the black media. During his field trips he met with black journalists, editors, and syndicate representatives to build reciprocal, trusting relationships. He disseminated articles to journalists and avoided showing favoritism for certain presses. Bynum also managed to gain the cooperation of some black editors in preventing "stories of deviation" from being printed. Consequently, not only were fewer negative articles about the NFIP published, but more optimistic articles reached the headlines of the black press. The news clipping service that Bynum and his secretary Hazel Brooks maintained provided NFIP officials with both evidence of his progress and awareness of local conditions.

Bynum and the Foundation team devoted time to educating white campaign and chapter officials of the benefits of including black volunteers, while also assisting in the establishment of separate African-American campaign divisions. Although most white chapters throughout the nation continued to reject the membership of black Americans, some notable exceptions were realized by 1947. To aid in the training of black campaign leaders, Bynum set up a special seminar hosted at the Tuskegee Institute in Alabama, which provided delegates with a greater sense of "belonging." Due to the promise of added March of Dimes revenue, most white campaign organizations not only cooperated with black divisions but by 1947 began to include African Americans in their planning meetings. The eagerness of black Americans to donate and volunteer for the March of Dimes highlighted their desire to support the Foundation and its healthcare programs. However, constant monitoring remained necessary in order to anticipate and resolve local race relations conflicts. By 1951, a few campaign organizations racially integrated. Bynum and his NFIP associates successfully established a national presence for black Americans in the war on polio and demonstrated that interracial cooperation at the grassroots level was an attainable, mutually satisfying endeavor.

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[607] Charles H. Bynum to Dorothy Ducas, Memorandum, March 5, 1956, Re: January and February Travel, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Conclusion

Between January 1938 and November 1944, officials with the National Foundation for Infantile Paralysis (NFIP) struggled to extend their medical program to address the health needs of all Americans. Legalized segregation in the South combined with de facto segregation across most of the United States inhibited the delivery of health services irrespective of "race, creed, or color." The Foundation's acute polio treatment program, although realizing racially integrated wards in most northern, western, and midwestern regions, initially failed to take hold in the southern states. In turn, the convalescent treatment program for black Americans languished across all regions due to exclusionary practices. Physician Dr. M. O. Bousfield and black journalists were among the first to help Foundation officials solve the lingering treatment disparities. Although the establishment of the Tuskegee Infantile Paralysis Center by 1941 offered a measure of care to black Americans, its services lagged behind those offered to white Americans at Warm Springs. Exclusionary practices also affected the March of Dimes and the Foundation's chapter system. White volunteers refused to invite the participation of black Americans or racially integrate their executive committees. Foundation officials eventually considered a range of options to encourage African American participation, including limited campaign integration and separate black chapters. However, since some executives believed that the inclusion of black Americans might antagonize white volunteers and destabilize the Foundation program most plans were not carried through. By 1944, Second World War civil rights activism, fears of a divisive fundraising campaign, and the growing monetary needs of the Foundation coalesced to facilitate the hiring of African-American health educator Charles H. Bynum to an executive position. In his first months, Bynum educated Foundation officials and devised strategies for the advancement of race relations.

Between 1944 and 1954, Bynum and other Foundation personnel were able to improve polio treatment and interracial fundraising. Bynum successfully lobbied southern public health officials and physicians to open acute treatment wards to black polio patients. With the encouragement of black National Medical Association physicians and the research of Dr. Paul B. Cornely, Bynum influenced the NFIP medical and education committees to authorize special grants to train personnel and improve the black medical infrastructure. Sponsorship of black nurse training programs and medical schools was diversified beyond the Tuskegee Institute to include Meharry Medical College and Howard University, as well as nurse training programs at Dillard University. With the cautious endorsement of Foundation officials, Bynum challenged the notion of Caucasians as the universal American by introducing novel marketing strategies that highlighted racial identification and integration. Special black polio posters, pamphlets, and film trailers were devised to demonstrate that black Americans were part of the polio crusade and thereby important sponsors of the March of Dimes. The campaign was further enhanced by the civil rights speeches of Basil O'Connor and the endorsement of black celebrities.

Through 1954, Bynum and the Foundation team also made inroads at establishing a level of interracial cooperation at the grassroots level. With the resources provided by NFIP state representatives, regional directors, and headquarters personnel, Bynum undertook a series of field trips across the nation to clear-up misconceptions and promote the Foundation program in black communities. He also visited black schools, women's groups, and several national associations, whose members were receptive of his efforts and eagerly joined the fight against polio. To foster black volunteerism and ease lingering criticism, Bynum successfully established a close alliance with many black journalists and newspaper editors. By 1947, black Americans across the nation were involved in fundraising for the March of Dimes through separate black fundraising divisions. To assure that black campaign chairpersons were well prepared to handle their responsibilities, Bynum and Foundation officials established the annual Tuskegee Conference for Campaign Leadership. Although few white county chapters racially integrated during this period, some March of Dimes campaign organizations extended membership to black Americans. Persistent monitoring and diplomacy led to improved interracial cooperation and sizable March of Dimes returns within black communities.

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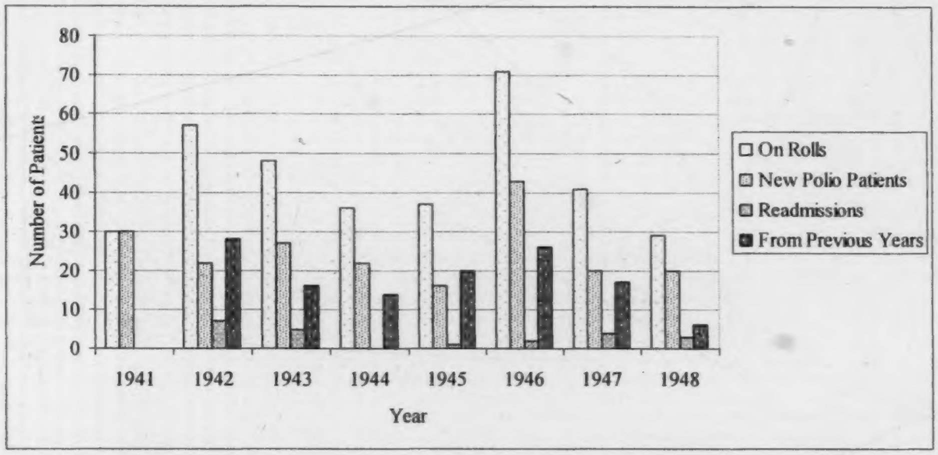
Appendix A

Table 1: Admissions to Tuskegee Infantile Paralysis Center, 1941-1948

The following chart lists the admission rates for the Tuskegee Infantile Paralysis Center from 1941 to 1948.[608]



Year	On Rolls	New Patients	Readmissions	From Previous Years
1941	30	30	0	0
1942	57	22	7	28
1943	48	27	5	16
1944	36	22	0	14
1945	[37] 29	16	1	20
1946	[71] 40	43	2	26
1947	[41] 27	20	4	17
1948	[29] 13	20	3	6
Totals	[349] 280	200	22	127

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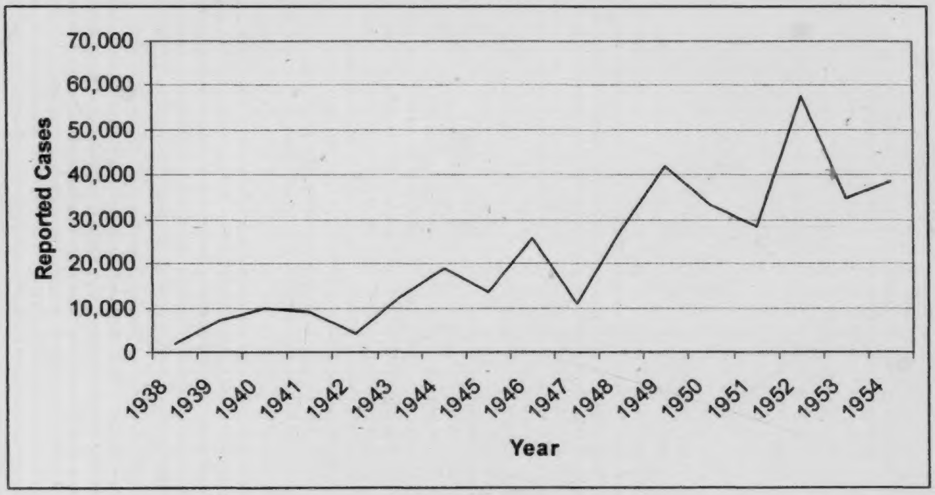
[608] Draft Tuskegee Pamphlet, "Tuskegee Institute reports, 1941-1958," Series 5: National Foundation, Box 1, Media and Publications Records, March of Dimes Archives, White Plains, New York (henceforth denoted as MDA). Data in the "on rolls" column has been corrected from 1945 onward.

Table 2: Reported Cases of Polio in the United States, 1938-1954

The following table outlines the approximate number of nationally reported polio cases per year in the United States.[609]



Date	Reported Cases
1938	1,705
1939	7,343
1940	9,826
1941	9,086
1942	4,033
1943	12,450
1944	19,029
1945	13,619
1946	25,698
1947	10,827
1948	27,726
1949	42,033
1950	33,303
1951	28,395
1952	57,628
1953	35,000
1954	38,476

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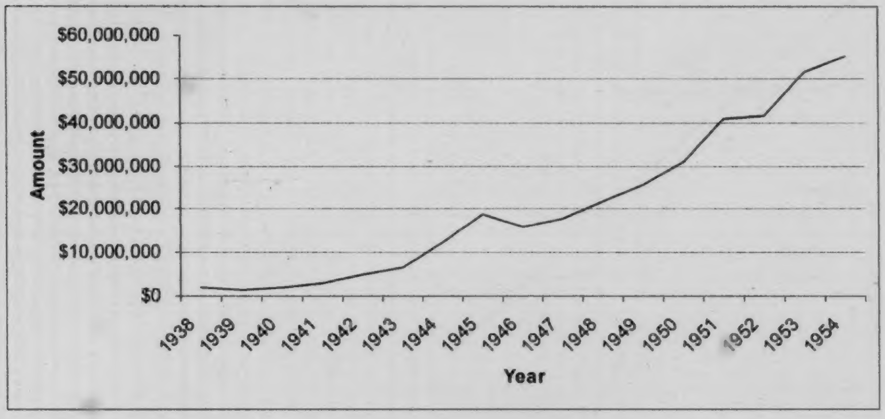
[609] 1938 to 1952 from "March of Dimes Fact Sheet," Series 1: Campaign Materials, Box 2, Fund Raising Records, MDA, p. 3; 1952 from "Polio War in 1952 Lists Gains, Losses," *New York Times*, Aug 24, 1953, p. 23; 1953 and 1954 from Douglas Hand, "The Making of the Polio Vaccine" *American Heritage Magazine*, 1, 1, (Summer 1985).

Table 3: Contributions Raised by the March of Dimes, 1938-1954

The following table and chart outline the approximate revenue generated by the March of Dimes fundraising campaign by year.[610]



Year	Amount Raised
1938	$1,823,000
1939	$1,329,000
1940	$2,104,000
1941	$2,968,000
1942	$4,964,000
1943	$6,518,000
1944	$12,189,000
1945	$18,883,000
1946	$15,982,000
1947	$17,987,000
1948	$21,600,000
1949	$25,728,000
1950	$30,783,000
1951	$41,000,000
1952	$41,432,605
1953	$51,500,000
1954	$55,000,000

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[610] Data for each year is based on the following sources: 1938, 1941, 1942, 1943, 1944, 1945 from Victor Cohn, *Four Billion Dimes* (Minneapolis: Minneapolis Star and Tribune, 1955), p. 68; 1939 from "$1,329,100 Raised In Paralysis Drive," *New York Times*, Aug 11, 1939, p. 3; 1940 from "Paralysis Appeal Going To Million," *New York Times*, Jan 13, 1942, p. 24; 1946 from "$15,982,150 Raised in March of Dimes," *New York Times*, Sep 16, 1946, p. 12; 1947 from "$17,987,800 Raised in March of Dimes," *New York Times*, Aug 15, 1947, p. 14; 1948 and 1949 from "25,728,000 in Polio Drive," *New York Times*, Jun 27, 1949, p. 14; 1950 from "Record for Polio Drive," *New York Times*, Jul 7, 1950, p. 17; 1951 from "Dimes Goal at $55,000,000," *New York Times*, Oct 18, 1952, p. 21; 1952 and 1953 from "$51,500,000 Fights Polio," *New York Times*, Jun 18, 1953, p. 31; 1954 from "Plans Drawn to Push Added March of Dimes," *New York Times*, Jul 9, 1954, p. 38.

Table 4: African-American Poster Children, 1947-1955

The following table lists the African-American polio poster children.[611]

Year	Printed	Name of Poster Child	Hometown
1947	3,000	Rita Reed	Blue Island, Illinois
1948	25,000	Joe Willie Brown	Chicago, Illinois
1949	20,000	Rosemarie Waters	Washington, D.C.
1950	50,000	Roxie Louise Prince	Americus, Georgia
1951	N/A	Joya Moore	Montgomery, Alabama
1952	N/A	Emma Pearl Berry	Raymond, Mississippi
1953	N/A	Randy Donoho	Detroit, Michigan
1954	N/A	Cynthia Musgrove	Pompano Beach, Florida
1955	N/A	James Clark Allen	Tyler, Texas

Table 5: African-American Scholarship or Fellowship Winners, 1938 – 1954

The following table outlines grants provided by the NFIP to African-American recipients between 1938 and 1954.[612]

Grant	Men	Women	Total	Amount
Medical Social Work	3	57	60	$82,907.50
Orthopedic Nursing	0	6	6	$7,011.78
Health Education	2	10	12	$15,320.71
Physical Therapy	20	74	94	$129,169.82
Physical Therapy Teaching	0	1	1	$2,900.00
Medical Research (for resident physicians)	1	0	1	$400.00
Predoctoral	8	1	9	$28,742.50
Post Graduate Medicine	22	6	28	$107,413.00
Totals	56	155	211	$373,865.31

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[611] "Posters," African American, Photography, MDA. For copies printed, see Charles H. Bynum to Joe Savage, Memorandum, February 4, 1949, Re: Field Trip, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

[612] "Negro Winners of Scholarship and Fellowship Awards, 1938 – 1954," National Foundation for Infantile Paralysis Statistical Summary, Internal Report, circa 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Table 6: Grants to African-American Institutions, 1938 – 1954

The following table outlines grants (cumulative) made by the NFIP to African-American medical and university institutions between 1938 and 1954.[613]

Grant	Amount	Totals
Tuskegee Institute		
Infantile Paralysis Center	$1,788,417.17	
Physical Properties	$25,000.00	
Nursing School	$840,910.57	
Laboratory	$350,000.00	
Education	$3,918.57	$3,008,246.31
North Carolina College		
Education	$112,312.05	
National Medical Fellowships		
Education	$156,787.00	
Dillard University		
Education	$322,203.90	
Meharry Medical College		
Education	$440,073.60	
Howard University		
Virus Research	$5,485.68	
Medical Social Work	$5,000.00	$10,485.68
Totals		$4,050,108.54

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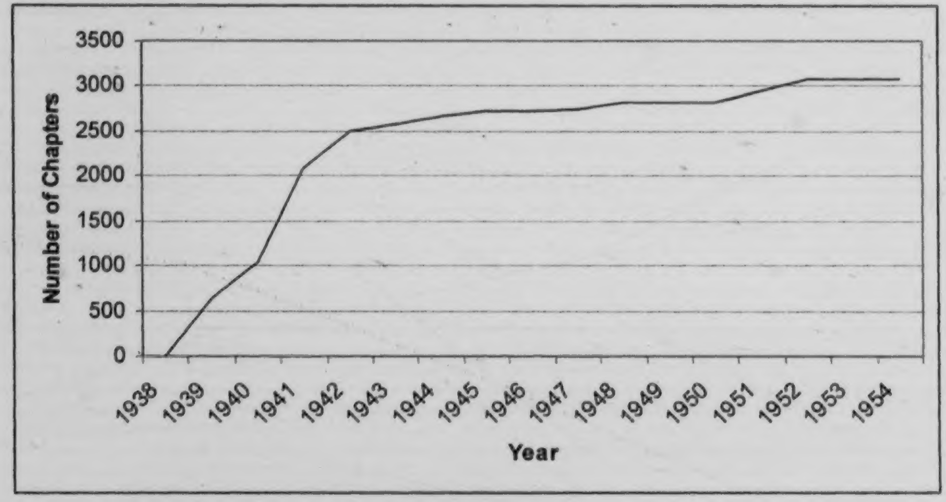
[613] "Grants to Selected Institutions, 1938 – 1954," Internal Report, circa 1954, "Inter-racial and inter-group activities and relations," Series 14: Poliomyelitis, 1939-1994, Box 13, Medical Program Records, MDA.

Table 7: Number of NFIP County Chapters, 1938-1954

The following table outlines the number of registered National Foundation for Infantile Paralysis chapters in United States by year.[614]



Date	Number of Chapters
1938	N/A
1939	646
1940	1,047
1941	2,081
1942	2,489
1943	2,572
1944	2,663
1945	2,715
1946	2,720
1947	2,737
1948	2,826
1949	2,822
1950	2,826
1951	2,944
1952	3,092
1953	3,093
1954	3,090

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[614] Cornwell B. Rogers, John Storack, Ian C. C. Graham, George H. Jones, "Part 1: Final Draft, Volume 1, Book 1: National Administration and Policies of the NFIP," Chapter III, Series 1: History of the National Foundation for Infantile Paralysis, Box 2, *History of NFIP Records*, MDA, pp. 124-125.

Table 8: Organization of NFIP Regions, 1946

The following chart identifies different administrative zones developed by the National Foundation for Infantile Paralysis, circa 1946.[615]

Region #	Name	States Included	Chapters
I	Northeastern	Maine, Vermont, Connecticut, New York, New Jersey, Pennsylvania, West Virginia, Maryland, New Hampshire, Massachusetts, Rhode Island, Delaware, Washington, D.C.	273
II	Southern	Virginia, North Carolina, Tennessee, South Carolina, Georgia, Alabama, Mississippi, Florida	558
III	Central	Michigan, Wisconsin, Ohio, Indiana, Illinois, Kentucky	437
IV	North Central	Minnesota, North Dakota, Iowa, Nebraska, Kansas	506
V	South Central	Missouri, Arkansas, Oklahoma, Louisiana, Texas	510
VI	Pacific	Montana, Wyoming, Idaho, Washington, Oregon, Colorado, Utah, Nevada, California, New Mexico, Arizona	413

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[615] Chart of regions based on decisions set out in February 1946. See "Part 2: Final Draft, Volume 1, Book 1: National Administration and Policies of the NFIP," Series 1: History of the National Foundation for Infantile Paralysis, Box 2, *History of NFIP Records*, MDA, p. 300.